DOCUMENT RESUME

ED 357 309 CG 024 859

AUTHOR	Dietz, Patricia M.; And Others
TITLE	Youth-Reaching-Youth Implementation Guide: A Peer Program for Alcohol and Other Drug Use Prevention.
INSTITUTION	National Network of Runaway and Youth Services, Inc., Washington, DC.
SPONS AGENCY	Administration for Children, Youth, and Families (DHHS), Washington, D.C.
PUB DATE	Jun 91
CONTRACT	90CK202101
NOTE	270p.
AVAILABLE FROM	National Resource Center for Youth Services, 202 W. 8th., Tulsa, OK 74119-1419 ($29).
PUB TYPE	Guides - Classroom Use - Teaching Guides (For Teacher) (052)
EDRS PRICE	MF01/PC11 Plus Postage.
DESCRIPTORS	*Adolescents; *Alcohol Abuse; *Counselor Training; *Drug Abuse; Drug Education; Intervention; *Peer Counseling; Prevention; *Program Development; Substance Abuse; Youth Problems

ABSTRACT

This guide was designed to encourage and assist groups to incorporate youth into their alcohol and other drug prevention and education programs. It provides a step-by-step approach to planning and implementing a program in which young people make a significant contribution to reducing or preventing alcohol and other drug use among youth in high-risk situations. The guide is presented in loose-leaf notebook form, with index tabs dividing its six chapters. Chapter I discusses developing program-related agency policies, hiring a program coordinator, and creating a program budget. Chapter II focuses on how to develop program goals, objectives, tasks, and an appropriate evaluation strategy. Chapter III discusses how to prepare agency staff for youth participation, including retirement and screening of youth volunteers, preparation for the training of peer leaders, supervision and retention of volunteers, and involving parents in the program. Chapter IV presents a detailed outline of a 42-hour training curriculum for all youth volunteers. Chapter V presents detailed information on program structure and training for youth in specialized roles such as hotline volunteer, member of an agency's board of directors, provider of peer education through drama, peer counselor, and educator in a shelter and in a school. Chapter VI describes national and community-based agencies that support alcohol and drug prevention and intervention services for youth in high-risk situations and lists relevant videos, curricula, and educational materials. (ABL)

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YOUTH-REACHING-YOUTH IMPLEMENTATION GUIDE:

A PEER PROGRAM FOR ALCOHOL AND OTHER DRUG USE PREVENTION

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June, 1991

Distributed by:

NRC YOUTH SERVICES

National Resource Center for Youth Services
A PROGRAM OF CONTINUING EDUCATION AND PUBLIC SERVICE
The University of Oklahoma

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Acknowledgments

Three member agencies of the National Network of Runaway and Youth Services (National Network), all veterans at running peer programs, developed and tested this guide: Briarpatch, Inc., in Madison, Wisconsin, The Mendocino County Youth Project, in Ukiah, California, and Youth Emergency Service in St. Louis, Missouri. The text was written by Patricia M. Dietz, director of the National Network's Youth-Reaching-Youth Program with contributions by Mary Ellen Blandford, Briarpatch, Inc.; Tim Mancini, Mendocino County Youth Project; and Deborah Phillips, Youth Emergency Service. It was edited by Rebecca Stone, consultant, and copy-edited by Margie Brassil, consultant. Typing and references were completed by Mary Ann Simulinas and Jon Dunbar-Cooper, program assistants to the National Network's Youth-Reaching-Youth Program. Illustrations are by Bill Adams. Typesetting by Right Angle Graphics.

Special thanks go to several colleagues who reviewed the guide in its early stages and provided excellent insights:

Mary Ellen Blandford and Terry Little, Briarpatch, Inc.

Joyce Corlett, Big Brothers/Big Sisters of America

Geri Peak and Cindy Waszak, Center for Population Options

Tim Mancini, Mendocino County Youth Project

Della Hughes, Jay Colburn, and Nexus Nichols, National Network

Peter Corre[illegible] Ann Moore, and Sharon Wiggins, National Resource Center for [illegible]outh Services

Nancy Jackson, New England Consortium for Families & Youth

Nancy Johnson, Mid-Atlantic Network of Youth and Family Services

Billy Ray Carr, Jr., Middle Earth Unlimited

Ginger Baggett, Northwestern Network

Deborah Phillips, Youth Emergency Service

Nancy Sefcik, Western States Youth Services Network

Jan Sola and Gretchen Wooden, YWCA of the U.S.A.

This implementation guide was prepared for Family and Youth Services Bureau, Administration for Children, Youth and Families, Office of Human Development Services, United States Department of Health and Human Services, by the National Network under grant # 90CK2020101. The guide has been designed and printed with the support of Ronald McDonald Children's Charities.

Introduction

The National Network of Runaway and Youth Services represents community-based agencies that provide essential crisis, prevention, and on-going services to homeless, runaway and other youth in high-risk situations. Central to our philosophy is the importance of involving young people in their communities and in agencies that serve youth. Among member agencies, youth serve on boards of directors, run teen hotlines, provide counseling, design prevention materials, and educate their peers. Service providers benefit from youth participation because it helps ensure that their agency's services are appropriate and effective. Youth benefit from their participation because it enhances their skills and reinforces that they are valued and needed.

Alcohol and drug use among youth, despite national attention and dedicated resources, remain significant problems among youth in high-risk situations. Youth have a significant contribution to make in reducing this problem; in some communities this process is already underway. Youth in New York City secretly videotaped 51 retailers selling alcohol to minors and turned the list of stores over to the police. Young people in St. Louis, Missouri, provided crisis family counseling in a runaway and homeless youth shelter. In Madison, Wisconsin, youth answer calls on a teen hotline and provide peer education to other youth through a theater program. Youth in Albuquerque, New Mexico, developed a video on their community's alcohol and other drug problems. And in Willits, California, young people tutor children and provide support to youth with problems.

Youth-Reaching-Youth Implementation Guide: A Peer Program for Alcohol and Other Drug Prevention has been designed to encourage and assist groups in more communities to incorporate youth into their alcohol and other drug prevention and education programs. It provides a step-by-step approach to planning and implementing a program in which youth make a significant contribution to reducing or preventing alcohol and other drug use among youth in high-risk situations. Young people can be trained to provide alcohol and other drug prevention activities such as:

- crisis intervention on a hotline;
- education through theater;
- peer counseling and education in school;
- peer education and counseling in runaway and homeless youth shelters; and
- serving on a community-based agency's board of directors.

This model approaches alcohol and other drug use prevention through a comprehensive framework. Because substance use increases the likelihood that young people will engage in unsafe sexual behaviors, or become involved in drug-related accidents or attempted suicides, this manual's training curriculum includes information on alcohol and other drugs, as well as sexuality, HIV and other sexually transmitted diseases, relationships, suicide, and sexual abuse. Youth peer leaders, counselors, and helpers need to have this breadth of information so they can deal effectively with the multiple problems confronting homeless, runaway, and other youth in high-risk situations.

Overview of the Manual

Chapter I Administrative Nuts and Bolts

Developing program-related agency policies, hiring a program coordinator, and creating a program budget.

Chapter II Program Planning and Evaluation

How to develop program goals, objectives, and tasks. Developing an appropriate evaluation strategy.

Chapter III Program Implementation

How to prepare agency staff for youth participation, including recruitment and screening of youth volunteers, preparation for the training of peer leaders, supervision and retention of volunteers, and involving parents in the program.

Chapter IV Core Training

A detailed outline of a forty-two-hour training curriculum for all youth volunteers.

Chapter V Training for Specific Alcohol- and Other Drug-use Prevention Activities

Detailed information on program structure and training for youth in specialized roles such as: hotline volunteer, member of an agency's board of directors, peer educator through drama, peer counselor, and educator in a shelter and in a school.

Chapter VI Resources

National and community-based agencies that support alcohol and drug prevention and intervention services for youth in high-risk situations, and excellent videos, curricula, and educational materials.

This manual provides information to community-based agencies on planning, implementing, and revising the Youth-Reaching-Youth Program. The information set forth in this manual is designed as a framework that should be adapted to meet the specific needs of your agency and the young people it serves. The National Network does not take any responsibility for the adaptation of this program.

Note on language:

In this manual, youth providing services to other youth are described as "peer leaders," "peer educators," "peer helpers," or "peer counselors." There is much debate surrounding these terms in the peer program field. The National Network often refers to these youth as "peer leaders" because they are taking a leadership role by becoming involved in their communities. Other agencies object to that term as divisive or elitist. Still others refer to youth who listen and support other young people as "peer counselors" or "peer helpers." "Peer educator" often refers to youth who implement traditional educational workshops. Each agency should decide for itself what is appropriate when referring to the young people involved in it.

This manual uses the singular pronoun "she." The author does not mean to infer that only females should be involved in this program but rather, the cumbersome option of using "he/she" has been avoided.

In this manual, youth who receive services from community-based agencies are referred to as "participants," and youth who live temporarily in shelters are referred to as "residents." These terms reflect the National Network's philosophy that youth are actively involved in their quest for help and in solving their problems.

The term "youth in high-risk situations" is used throughout this report instead of "at-risk" and "high-risk" youth. The National Network believes it is important to emphasize that situations in which youth live often generate the risks that they face and that the responsibility for their situation is one that must be owned by our society, rather than blaming youth.

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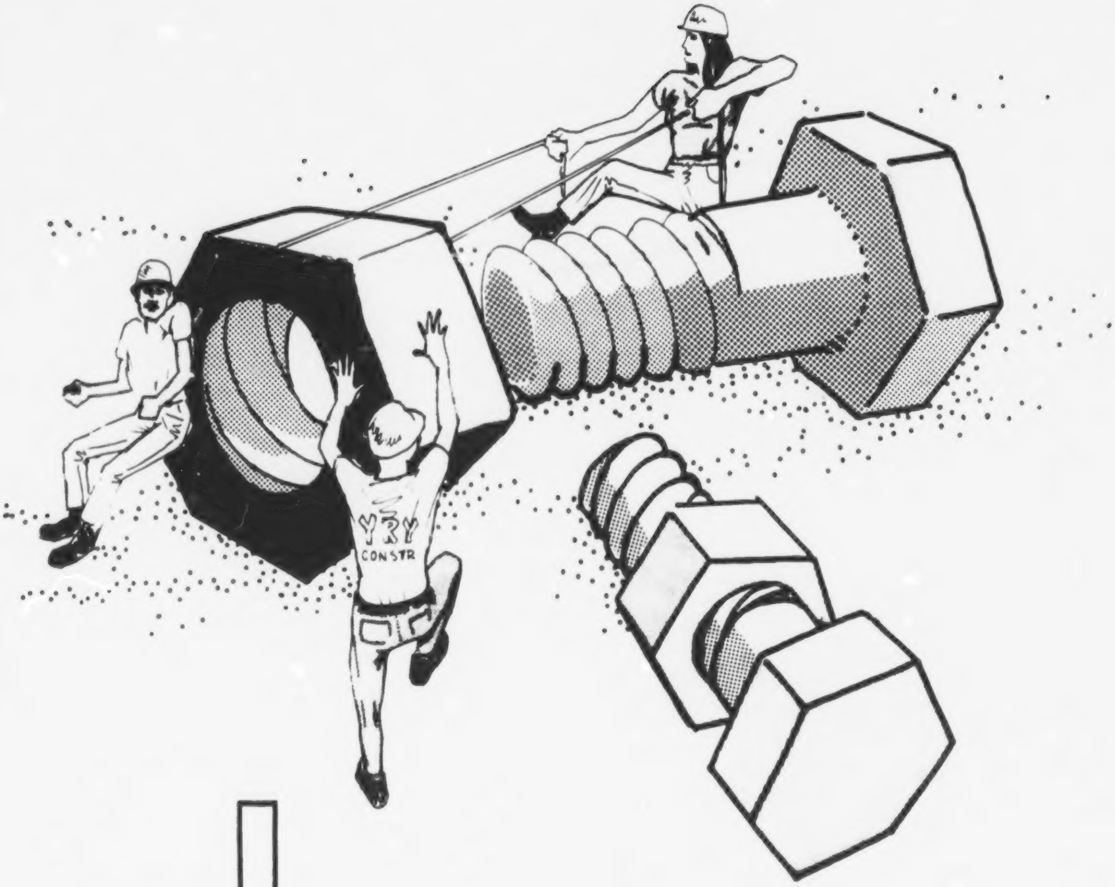

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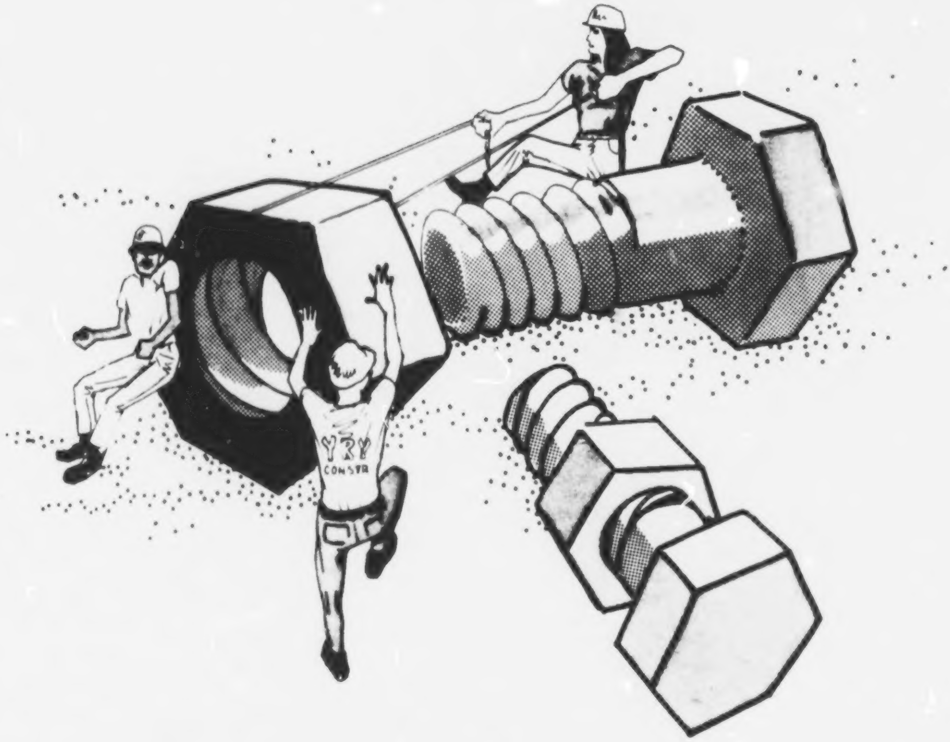
ADMINISTRATIVE NUTS & BOLTS



I. Administrative Nuts and Bolts

This chapter addresses the administrative groundwork needed to implement the Youth-Reaching-Youth Program in a community-based, nonprofit agency. It presents sample policies, staffing, and program budget considerations. Establishing agency policies that support the Youth-Reaching-Youth Program, hiring qualified staff, and developing an accurate budget will establish an excellent base from which to begin planning and implementing the Youth-Reaching-Youth Program.

The section on policies presents a process for establishing policies within an agency and five sample policies that help prepare an agency to successfully implement the Youth-Reaching-Youth Program. The section on staffing addresses staff responsibilities and hiring criteria. The budget section identifies various program needs and associated costs.

Agency Policies

Community-based agencies preparing to implement the Youth-Reaching-Youth Program should consider endorsing several program-related policies before recruiting or training peer leaders. These policies are important for preparing an agency for implementation of the Youth-Reaching-Youth Program. Given the time and effort needed to establish agency policies, and given the constraints that many agencies face, each agency may wish to rank which policies should be established first, second and so on. One method of ranking is to first establish those policies required by law (drug-free work-place), second, those that address youth involvement (youth participation and adult/youth relationships), and third, those that address issues indirectly related to alcohol and other drug use among young people (reproductive health and HIV and AIDS).

There are numerous benefits to developing clear policies for your agency, including protecting your agency from liability; improving staff morale; sending a consistent message to the community; strengthening administrative procedures; and fashioning proactive, rather than reactive, responses to problems. For the Youth-Reaching-Youth Program framework, consideration and establishment of policies concerning youth participation, adult/youth relationships, and a drug-free workplace will strengthen your specific program and safeguard it from potentially serious problems.

The following hypothetical problems illustrate how having a policy can help your agency avoid difficult or divisive situations:

Potential problem - Youth from your agency's alcohol and other drug use prevention program make a presentation at the board of directors' annual meeting. At the reception, youth witness a few adult board members consuming alcohol. The young people challenge the agency's commitment to alcohol and other drug use issues at their next meeting.

Potential problem - A twenty-one-year-old staff member begins dating a fifteen-year-old peer leader. The volunteer's mother calls the agency and asks, "What's going on at your agency?" Some peer leaders and staff don't understand why the mother is upset; others are outraged that a staff member would date a peer leader. Your agency has not established guidelines about dating between staff and volunteers.

In both cases above, agency policies could have prevented the situation or, at a minimum, provided agency managers with a plan and rationale for action. In the first case, a policy that clearly stated that alcohol would not be served at agency functions might have prevented the situation from occurring. In the second case, similarly, guidelines established and explained at the onset might have greatly reduced the likelihood of an inappropriate relationship developing and would certainly help explain the mother's (and agency's) grounds for disapproval. Unfortunately, many agencies develop policies only after such problems arise. Taking the offensive by establishing policies ahead of time, however, will save time and embarrassment, and in some cases may help you avoid challenges.

How to Develop a Policy

Each agency follows its own rules and process for developing and implementing policies. Whatever process your agency uses, reviewing the following steps may help you to avoid pitfalls, such as leaving key people out of the process or failing to ensure that the board of directors and staff members understand **why** the agency has decided to establish a policy.

The development of some policies may involve more controversy than others. Those that involve controversy will require more staff and board education and background work before the policy can be accepted and implemented within the agency. Taking the time to develop staff and board knowledge of and comfort with issues is vital to the success of establishing any policy.

1) Educate staff and the board of directors.

When approaching a new subject, such as the use of alcohol and other drugs, consider inviting experts to present workshops on the topic. Offer these workshops to both the board and the staff. These workshops should cover general information on the topic as well as why it is important for your agency to develop a specific policy. In some instances, board/staff teams can educate themselves and then present the workshops to the others. Whichever method is used, it is critical that accurate, up-to-date information be presented and that all sides of the issue be presented.

2) Include board and staff in the process.

As follow-up to the workshops, meet with both board and staff to discuss general ideas of what the policy should cover; gather opinions about language, tone, and topic areas to be included. Be sure to discuss all aspects of the issue, so the agency develops a policy with full knowledge of all considerations. Debate on issues helps clarify and will strengthen the final product.

3) Develop a written policy that is legal and clear.

If an appropriate policy committee does not exist, organize a committee that includes experts from the community, staff, board members, and youth to develop the policy. Give the committee a timeline and procedures for policy development and review. Remind them that brevity and simple, clear (non-jargon) language is important. Once the policy is in final draft form, have it checked by the agency's legal counsel, or ask a firm to review it on a ***pro bono*** basis, if money is not available to pay legal fees.

4) Present the policy to the decision-makers in your agency.

Present the written policy to the agency's decision-makers - - in most cases that will be the board of directors. If this decision-making body has been sufficiently involved in the process and has reached a consensus, the policy will likely be approved. However, if this group has not been allowed adequate input in the process, or if the topic is extremely controversial and consensus has not been reached, significant revisions may be needed. Remember always to have new drafts reviewed by your attorney.

5) Implementation.

All staff, volunteers, and board members should be given a copy of the final policy. When giving a new policy to current staff, be sure to allow time to answer questions and reiterate how this policy came about and its purpose. Ask staff and volunteers to sign a paper that states that they have reviewed the new policy and will abide by it.

Sample Policies

Drug-Free Workplace

Since the Anti-Drug Abuse Act passed in 1988, agencies receiving federal monies have been required to pass drug-free workplace policies. While some agencies initially viewed this as merely an administrative detail, many recognized that drug-free workplace policies established important guidelines for staff and supervisors. A comprehensive drug-free workplace policy should set guidelines on a number of issues including:

- prohibiting the possession, use, and distribution of alcohol and other drugs in the workplace;
- a "no alcohol or other drug use" standard for youth involved in the agency;
- on-going alcohol and other drug prevention training for agency staff and volunteers;
- consequences of violating the policy; and
- the extent to which the agency will support employees and volunteers who have alcohol or other drug problems, including whether the agency will pay for treatment (Is it covered in your insurance policy?), and whether the agency will require treatment for continued employment.

In addition, passing a drug-free workplace policy will establish the agency's expectations of volunteers and staff members **before** someone is discovered using substances. It will also help create a fair and clear process for supervisors to follow if staff have or develop a substance-abuse problem. In several agencies, youth have insisted on policies that prohibit alcohol consumption at conferences and other events in which young people participate. This last point is particularly important for an agency preparing to implement the Youth-Reaching-Youth Program.

Why develop a Drug-Free Workplace policy?

1) It will help establish a safer environment and set a standard for staff and youth involved in your agency. It will highlight the importance of staff as role models for both youth and adult volunteers.

2) It will provide supervisors with consistent guidelines for dealing with staff members who have or who develop a substance-abuse problem.

3) It sets out clear expectations and sends a uniform message to both staff and volunteers.

Sample Policy
Drug-Free Workplace
Girls Incorporated of Sioux City

It is the policy of the Girls Incorporated of Sioux City that the agency shall be a safe environment for girls and young women and that positive role-modeling by staff will be the expectation. Therefore, consistent with this policy and in compliance with the Anti-Drug Abuse Act of 1988, the Girls Incorporated of Sioux City declares itself a drug-free workplace. The following standards shall be observed by all employees and volunteers of the Girls Incorporated:

- The Girls Incorporated of Sioux City prohibits the possession, use and distribution of illegal drugs in the workplace. Disciplinary actions will be taken if employees or volunteers are found to violate this guideline, including possible immediate termination.

- An annual in-service training session will be held which will explain to employees the danger of drug abuse in the workplace.

- Employees who have drug problems will be provided with information about counseling and rehabilitation services, at the request of the employee.

- Any employee or volunteer at the Girls Incorporated implies consent to follow these drug-free workplace standards and agrees to notify the employer of any convictions for drug violations which occur in the workplace or elsewhere.

- The Girls Incorporated agrees that if the Girls Incorporated is receiving federal grant or contract funds when an employee is convicted of a drug offense that occurred in the workplace, the Girls Incorporated will notify the federal agency that manages the agency's grants or contracts.

- A conviction of an employee for a drug offense in the workplace will result in disciplinary penalties which may include the requirement that the employee participate in a drug rehabilitation or treatment program.

- The Girls Incorporated elects to extend the above standards to prohibit the use of alcohol or tobacco by employees, volunteers, or members in the workplace. The workplace is defined as the Girls Incorporated building and grounds or Girls Incorporated sanctioned programs for girls during operating hours.

- Girls Incorporated members will not be asked to participate in Girls Incorporated fundraising events where alcohol will be served.

Youth Participation

Before implementing the Youth-Reaching-Youth Program it is crucial to develop a policy that clearly articulates the agency's philosophy about youth participation.

Why develop a policy on Youth Participation?

1) The process of developing a policy allows for the board of directors and staff to be educated on the importance and benefits of involving youth in your agency. As a result, support will have been built for the Youth-Reaching-Youth Program.

2) Staff need to feel that their work is directly linked with the agency's overall mission. An established policy on youth participation will set an important tone within the agency that youth are valued and should be looked upon as a resource, not only as those who need services.

3) A policy can also articulate to the community that your agency is committed to youth participation and identifies it as a program priority.

Below is a sample Youth Participation Policy that your agency can adapt to its own needs.

Sample Policy

Youth Participation

(Name of agency) will create projects that promote youth empowerment, responsibility, and productivity by utilizing the creative and positive energies of youth.

Rationale

In *(Name of city)* there is an absence of youth involvement and youth roles that emphasize the empowerment and personal growth of youth; this absence has resulted in a feeling of alienation and nonparticipation among youth today; and the lack of youth participation in issues that affect them breeds apathy and hopelessness. *(Name of agency)*, therefore has a firm commitment to youth participation at all levels of the agency.

Youth/Adult Relationships

Many community-based agencies have "unspoken" rules discouraging sexual relationships between youth and adult volunteers and staff members. Because it is unlawful for adults to have sexual intercourse with anyone under the age of consent, many agencies do not have a policy that addresses this issue. Nevertheless, agencies should clearly state the policy in writing so that all staff and volunteers can agree to abide by the policy from the first day they begin working or volunteering at the agency.

Why develop a policy on Youth/Adult Relationships?

1) A clear statement that sexual relationships between adult staff and peer leaders are not appropriate, and in many cases may be illegal, will permit agency leadership to quickly act if an inappropriate sexual relationship develops.

2) In the unlikely event that a supervisor needs to confront a staff member who is believed to have violated the policy, there will be clear guidelines to which the supervisor can refer.

The policy developed should clearly state that sexual relationships are not appropriate or legal between under-age youth and adults. This type of policy may be incorporated into staff and volunteer procedure manuals or can be part of a hiring process in which staff and volunteers sign an agreement. Briarpatch, Inc., Madison, Wisconsin, has youth sign a contract that includes the statement:

> *I will not fraternize with (date/socialize) adult counselors, and upon turning eighteen, I shall not fraternize with (date) peer leaders under the age of sixteen (age of consent).*

Staff and adult volunteers sign a statement that reads:

> *I will not fraternize with (date/socialize) youth under the age of sixteen.*

Sample Policy
Youth/Adult Relationships

(Name of agency) believes that both adults and youth can work effectively together in a partnership to develop and implement services for youth in high-risk situations. However, given the nature of the youth/adult relationships under the auspices of *(Name of agency)* programs, sexual relationships between adults and youth are inappropriate and in the case of youth under the age of consent, illegal.

(Name of agency) will investigate any reports of sexual relationships between agency staff and youth. If an adult is found to have been involved in an inappropriate relationship, she may be asked to leave the agency.

Reproductive Health Policy

The following policy on reproductive health, while not central to the Youth-Reaching-Youth Program, is related to alcohol and other drug issues. Youth who use alcohol or other drugs are more likely to practice unsafe sexual behaviors. Alcohol or other drugs can alter a young person's thinking and often inhibit responsible decision-making. Since these high-risk behaviors are often linked, your agency should be prepared to develop a policy on reproductive health.

Like alcohol and other drug use, sexual intercourse is common among adolescents: four out of every ten female adolescents will have been pregnant by age twenty; one out of seven young people will contract a sexually transmitted disease each year. Because you will be working with youth at risk of a variety of reproductive health problems, your agency needs to be prepared to address reproductive health issues and to have a solid agency policy to backup line staff and peer leaders on controversial issues such as providing access to the full range of pregnancy options information and services.

Why develop a policy on reproductive health information and services?

1) Preventing unintended adolescent pregnancy is crucial to teenagers' physical, emotional and social well-being and their development towards a healthy, productive adulthood.

2) Staff, volunteers, and board members need to be educated on the legal, social, political, and emotional aspects of adolescent sexuality, pregnancy, and pregnancy options.

3) Staff need to send clear and consistent messages to young people and the community—messages that promote positive attitudes toward sexuality, a safe environment in which to discuss difficult issues, and consistent services and referrals for young people.

4) A policy helps to ensure that the agency is not giving mixed messages to young people. For example, if your agency already promotes the message "protect yourself from HIV and pregnancy, use condoms," then it should have an agency policy about the provision of condoms to young people, or the assistance that may be available in obtaining condoms.

The following draft and final version of a sample policy will provide some ideas for shaping your own agency policy. Briarpatch passed its sexuality policy after the agency was asked to participate in a Gay Pride march. Because the agency recognized that such an activity might be considered controversial in the community, the staff decided that a sexuality policy was needed to help make decisions about whether or not to participate in that type of event. The first version, which follows, was developed by a small committee of both staff and board members. Note that the final version is much shorter and significantly different than the first draft (see *"How to Develop a Policy,"* page 1-4). The comparison between the two versions shows how a policy can change as it moves through the policy process within an agency.

Policy in Development—First Draft June 1, 1990

SEXUALITY

Report of Briarpatch Policy Development Committee on Sex Education/Pregnancy Prevention and Sexual Orientation

Suggested Positions

Below are suggested position statements in six areas related to sex education/pregnancy prevention and sexual orientation. The committee suggests that these statements be reviewed by staff, and that the statements or a revised version then be circulated to volunteer counselors, foster parents and Teen Rappers before being sent to the Board.

1. Sex Education

Briarpatch believes that young people are entitled to accurate, unbiased information about sexual development, orientation, behavior, and relationships. Briarpatch will provide this information, within the limits of its expertise, to teenagers who are served by the agency. Kinds of information which might be included are: questions of normality in development, functioning and behavior; risks of sexual behavior; other resources in the community.

2. Sexual Behavior

The following values or points of view will govern any communication with young people about sex:

a. Sexuality is an integral part of a person's being from birth to death. Understanding, appreciating, and experiencing one's sexuality is a necessary part of healthy development.

b. Sexual behavior with a partner which risks pregnancy or disease, or makes one psychologically vulnerable is best postponed until the young person is able to accept the risks and responsibilities involved.

c. Sexual behavior which is forced, exploitative, manipulative, demeaning or in any way physically or emotionally harmful to another person is not acceptable. Briarpatch encourages young people to examine their own values in the context of their family and religious background when making decisions about sex.

3. Sexual Orientation

Sexual orientation is a persistent emotional and/or physical responsiveness toward men, women, or both. An individual's sexual orientation will fall on a continuum between heterosexuality and homosexuality, which includes bisexuality. Briarpatch believes that sexual orientation is not a moral issue and any sexual orientation is legitimate and healthy. No matter where people identify themselves along the continuum, Briarpatch believes that people of all ages have the right to live without fear of persecution or discrimination. Briarpatch will create an atmosphere that is supportive and nonjudgmental of all individuals, regardless of their sexual orientation. We support efforts within the agency and in the community to eliminate misunderstanding and fear regarding sexual orientation.

4. Pregnancy Prevention
Briarpatch is strongly committed to the prevention of pregnancy among all persons under eighteen. Any person, regardless of how young, who is engaging in sexual intercourse, should be encouraged to use an effective form of birth control. Boys and girls have an equal obligation to assume this responsibility. While Briarpatch cannot prescribe specific methods of birth control, teenagers may be referred to appropriate medically licensed agencies which do.

5. Pregnancy Options
Adolescent pregnancy affects both boys and girls who are involved. Briarpatch will offer counseling for boys who are concerned about a partner's pregnancy. Briarpatch believes, however, that it is the right of the teenage girl to make her own choice about what to do once pregnancy has occurred. When a pregnant teenager is in conflict about this decision, Briarpatch will provide her with counseling resources which will explore all options with her and respect her right of choice. Briarpatch will assist her in bringing parents, partner, or other support persons into this process when she desires their support and needs help to do this.

6. Confidentiality
Briarpatch respects the teenager's right to confidentiality with regard to information about a teenager's sexual feelings, behavior and pregnancy. The only exceptions are: a) mandated reporting of sexual abuse to appropriate authorities, and b) informing of parents or medical personnel if a serious health problem is recognized. If reporting is deemed necessary the teenager will be told of this ahead of time and assisted in dealing with any repercussions.

Policy Implications

Following are some of the questions that may require consideration once positions are established. The committee encourages discussion of these and other questions that are raised. Program components may wish to develop policies and procedures to implement these positions or review policies and procedures for conformity to the general policy.

A. COUNSELOR/STAFF ROLES

What are the implications for these in each of our program components?

Crisis Intervention/Runaway Services (CI/RS)
Are there some questions that should always be asked of clients by volunteer counselors in CI/RS? (e.g., Are you sexually active? Are you using birth control?) Or should these issues only be discussed when the client raises them? How far can a volunteer counselor go in helping a teenager get to a clinic which provides birth control/abortion help?

Prevention
How is sex education handled in the various prevention programs? Do teenagers have a different role from adult counselors here? How important is it that Teen Rappers represent a Briarpatch position re: sexual behavior as opposed to their own — if those differ? Is a Teen Rapper a mandatory reporter? Are there things that prevention is not now doing that it might be doing in these areas?

Group Services
Can counselors in CHOICES be more actively involved in getting client birth control/abortion help than in CI/RS? What are the criteria for determining mandatory reporting of abuse? Are Briarpatch values on sexual behavior regularly covered in Parent Groups? Or is education not considered an appropriate function here?

Family Counseling (FC)
Do counselors in this program have less obligation to keep secrets for the teenager than in CI/RS? That is could a counselor continue working with a family knowing the teenager was pregnant if the teenager could not be convinced to share this with parents? What if a client under sixteen is sexually active with an eighteen-year-old or over? Is this always reportable? Must parents be told? What can FC counselors do to open up communication within the family about sexuality?

B. PUBLIC STANDS

When and under what conditions might Briarpatch be able to take public stands or join task forces or demonstrations related to any of these policies?

The committee recommends that:

1. Procedures for public stands or agency participation in any matter involving policy should be clearly spelled out.

2. In any public statement or joint participation Briarpatch should make certain that whatever is stated or presented clearly represents Briarpatch policy.

C. LEGISLATIVE ACTION

Is Briarpatch interested in becoming involved in legislative action (testifying on bills, writing letters, signing petitions, etc.) in areas in order to establish laws or promote programs that will be in accord with a Briarpatch policy? Is there a difference between staff testimony based solely on professional expertise and that which is backed by agency policy?

D. Staff/Volunteer Compliance with Positions

These positions, once approved, will have the status of policies of the agency, and persons' acceptance of these positions will be considered in hiring and selection of personnel. Staff and volunteers will be expected to comply with whatever job expectations result from these positions.

(draft 6/1/90)

Sample Policy

REPRODUCTIVE HEALTH
Briarpatch, Inc.
Madison, Wisconsin

1. Briarpatch believes that young people are entitled to accurate, unbiased information about sexual development, orientation, behavior, and relationships. Briarpatch will provide this information to youth who are served by the agency, within the limits of its expertise.

2. Briarpatch, believing that any sexual orientation is legitimate and healthy, will create an atmosphere that is supportive and nonjudgmental of all individuals, regardless of their sexual orientation.

3. Briarpatch is strongly committed to the prevention of pregnancy among young women. Clients of the agency who are engaging in sexual intercourse, will be encouraged to use an effective form of birth control and may be referred to appropriate medically licensed agencies that prescribe specific methods.

4. Briarpatch believes that it is the right of the young woman to make her own choice about what to do once pregnancy has occurred. When a pregnant young woman is in conflict about this decision, Briarpatch will provide her with counseling resources that will explore all options with her and respect her right of choice.

5. Briarpatch respects the youth's right of confidentiality with regard to information about sexual feelings, behavior, and pregnancy. The only exceptions are: a) mandated reporting of sexual assault to appropriate authorities and b) informing parents or medical personnel if a serious health problem is recognized.

6. Briarpatch will make every effort to bring members of the family together about important life decisions whenever this is in the youth's best interest.

— Adopted by Briarpatch, Inc. Board of Directors, November 7, 1990

HIV and AIDS

Alcohol and other drug use increases a young person's risk of Human Immunodeficiency Virus (HIV) infection. While developing an HIV & AIDS policy isn't absolutely essential before an agency implements the Youth-Reaching-Youth Program, it is an important area for consideration. An HIV & AIDS policy will broaden and strengthen the agency's commitment to alcohol and other drug prevention. In addition, agencies without an HIV & AIDS policy take the risk that both staff and residents or participants will behave inappropriately or react with fear should there be an absence of guidelines for handling a situation involving HIV & AIDS.

A comprehensive HIV and AIDS agency policy should specify how youth will be educated about preventing HIV infection, and how the agency will respond to youth or staff infected with HIV or who have AIDS. Although agencies located in communities with few reported cases of AIDS may not feel the need to pass an HIV and AIDS policy, bear in mind that all reports on the HIV epidemic indicate that the number of AIDS cases will continue to increase. All agencies, therefore, need to inform their staffs before a crisis happens.

Why develop an HIV and AIDS Policy?

1) Your agency staff and peer leaders need to understand when they are, and are not, at risk of HIV infection. For example, they should know that HIV cannot be transmitted through sharing a common work space.

2) Your agency needs to be prepared to protect the privacy of staff, peer leaders, and participants/residents who are or who become infected with HIV, and help them defend against common discrimination.

3) Your board of directors needs to be fully aware of how HIV and AIDS issues may affect the overall management of your agency.

4) Your agency needs to be actively involved in the prevention of HIV among youth by educating participants/residents on how to protect themselves from the virus.

Sample Policy
HIV Infection and Disease
National Network of Runaway and Youth Services
Safe Choices Project

Introduction

The Human Immunodeficiency Virus epidemic affects people in all segments of our society. Young people are particularly vulnerable to infection by the virus that causes AIDS because they frequently engage in experimental and risky behaviors, yet often see themselves as invincible. Those adolescents who engage in unsafe sexual intercourse or injecting drugs intravenously are at especially high risk for contracting HIV. It seems clear that there will be an increase in the number of HIV-infected teenagers in the next few years, given recent trends in the spread of the disease.

The programs of (Name of agency) will be asked to provide services to these young people. There have been and will be staff members who have HIV infection or HIV related illness. For these reasons, (Name of agency) will implement the following policies and procedures. Because our understanding of AIDS and HIV infection continues to evolve, these policies will be reviewed at least every six months by a committee appointed by the Executive Director, and staff training will be conducted on a biannual basis in all programs.

A. NONDISCRIMINATION

1. Employees of (Name of agency) (whether full-time or part-time staff, relief workers or volunteer) shall not be terminated, demoted, suspended, transferred, or subjected to adverse action solely on the basis of HIV infection, related illness, or perception of infection.

2. No individual shall be denied admission to (Name of agency) programs or residential facilities solely on the basis of HIV infection, related illness, or perception of infection.

3. No participant of (Name of agency) programs or resident of facilities who voluntarily discloses that she has HIV infection or is diagnosed with HIV disease while participating in programs or living in facilities shall be removed solely on this basis. Participants who voluntarily disclose such information shall be counseled about the importance of avoiding transmission of HIV to others and seeking treatment.

4. No resident of (Name of agency) facilities shall be intentionally segregated from other residents in sleeping quarters or bathroom use, at meals, in group counseling or meetings, or during residents' group activities, solely on the basis of HIV infection. Staff members will be vigilant to the possibility that de facto segregation is occurring, to curtail it at the earliest possible moment, and to encourage open discussion and resolution of concerns for all residents.

5. The medical, pharmaceutical, and dietary requirements of all residents of (Name of agency) facilities shall be attended to, within the limits and capabilities of this agency, in an appropriate and responsible manner. Residents who have HIV disease or any other serious illness and require special attention in this regard, shall receive appropriate and reasonable care within the limits of these facilities to provide such care, and will be referred to other agencies and services when such care exceeds these limits.

B. CONFIDENTIALITY

The right of the individual client or staff member to confidentiality with regard to her HIV antibody status or AIDS diagnosis will be respected by the administration and staff of (Name of agency). Information that is shared with a staff member regarding an individual's antibody status should be held in strict confidence and shared only with the executive director or a designated individual (e.g., clinical director). As with other confidential information, no mention of a resident or staff member's HIV antibody status or AIDS diagnosis should be made in the files or other written records such as a daily log.

The sharing of this information with other residents or staff will be a right reserved for the infected individual. To insure that disclosure is done in an appropriate and minimally disruptive manner, staff and residents will be encouraged to discuss the ramifications with appropriate staff prior to making the disclosure.

C. EDUCATION AND PREVENTION

1. AIDS and HIV education will be a regular and integral part of (Name of agency)'s training/counseling programs for both residents and staff. Residents and staff who express fear, misconceptions, or prejudice about AIDS and HIV will be provided with more intensive, reinforcing education and counseling. Prejudicial behavior, isolation, ridicule, or inappropriate actions based on irrational fear, directed at clients or staff with AIDS or HIV infection, will not be tolerated and appropriate disciplinary actions will be undertaken.

2. Regardless of whether or not a resident in a (Name of agency) facility has HIV infection or disease, attention shall always be given to the prevention of high-risk behavior among (Name of agency) residents. Condoms will be available through staff members for residents completing their stay at the facilities upon request and without cost. Distribution of condoms to residents during their stay will be proscribed in accordance with facilities regulations regarding sexual activity among residents. Education and enforcement of regulations will take precedence in such situations.

Procedures to Reduce Transmission of HIV:

1. It will be assumed that all (Name of agency), residents, and staff are potential carriers of HIV. The "Worker Exposure to AIDS and Hepatitis B," recommended by the U.S. Department of Labor, Occupational Safety and Health Administration, will be followed in all situations, such as how to clean up blood and other body fluids, proper disposal of sanitary napkins, and how to handle related issues, which could decrease the chances for the transmission of HIV and other blood-borne diseases.

2. All programs and residences will maintain a supply of latex gloves and bleach to be used in cleaning up blood and other bodily fluids.

3. Residential programs will guarantee that all residents will be given separate toothbrushes and razors.

4. Residents of (Name of agency) facilities will be forbidden to conduct self-tattooing or ear piercing. Usual facility rules governing the use and abuse of controlled substances (including IV drugs and steroids) and sexual activity among residents should be sufficient to preclude the kinds of high-risk behavior that have been shown to contribute to the spread of HIV.

Client Education:

1. All (Name of agency) programs and facilities will have written AIDS education materials available for clients.

2. All residents of (Name of agency) facilities will be provided with AIDS education. At minimum, this will include a review of available written materials with a staff member. Residential programs will set and maintain a schedule for group education on AIDS and HIV using an agency-approved curriculum. This schedule will be devised to guarantee that the majority of all clients receive AIDS and HIV education.

Staff Education:

1. The supervisor of all new agency staff and volunteers will be responsible for ensuring that new staff have read and reviewed this policy. New staff and volunteers should also receive information and training in HIV prevention and counseling youth on AIDS.

2. Each program unit must conduct an in-service training on AIDS at least twice a year. The (Appropriate staff person, i.e., executive director or personnel director) will be responsible for ensuring that such a training is scheduled and implemented.

Coordination of Other Service Providers:

1. (Name of agency) will develop and maintain working relationships with local community-based AIDS education and service providing organizations and the local health department in order to guarantee that the work of the agency with HIV-infected individuals is managed on a cooperative basis with other agencies.

2. (Name of agency) will maintain this policy in a manner that is consistent with the requirements of local, state, and federal law.

- National Network of Runaway and Youth Services. (1990). ***Safe Choices Guide: AIDS and HIV Policies and Prevention Programs for High-Risk Youth***.

Staffing

Running a Youth-Reaching-Youth Program involves several agency personnel, including the agency's executive director and finance manager. The major responsibilities will be fulfilled by a program coordinator who will be in charge of recruiting, training, and supervising youth. Although this could be done as a part-time job — twenty hours a week — it is best to assume that the coordinator will devote more hours to the job. In addition, a co-trainer will be needed to assist in the training of the peer leaders. This person can be an experienced intern, volunteer, or young person. The following chart of program tasks and personnel provides one possible staffing scenario:

Responsibilities

Tasks	*Assigned Personnel*
Keeps the board informed	*Executive Director*
Oversees development of agency policies	*Executive Director with the Board*
Fundraising *Writes grant(s)/report(s)*	*Executive Director/ Program Coordinator*
Oversees program budget	*Financial Manager/ Program Coordinator*
Develops program planning and evaluation	*Program Coordinator*
Recruits, screens, trains youth	*Program Coordinator* *Co-trainer*
Supervises youth	*Program Coordinator*
Provides a liaison with parents	*Program Coordinator*
Provides a liaison with community	*Program Coordinator*
Provides a liaison with media	*Executive Director/ Program Coordinator*
Evaluates overall program	*Program Coordinator*

Volunteers

Volunteers often play a significant role in community-based agencies. For the Youth-Reaching-Youth Program volunteers can be used in a variety of roles: helping with the training, providing transportation to and from events, fundraising, public relations, and tutoring. Some agencies hire young people for the program coordinator or co-trainer positions. For example, Aunt Martha's in Park Forest, Illinois, has several full-time youth coordinators who train, coordinate, and supervise peer leaders in the agency. Before staffing your program, consider the advantages of paid and non-paid staff.

Advantages of:

Paid Staff	Non-paid Staff
Reliability	*Flexible hours*
Consistent hours	*Lower program costs*
Less training required	*Commitment to community*
Commitment to job	*Large pool of resources*
Small, focused work force	

The same comparison holds true for peer leaders. Some agencies pay youth for their involvement in prevention activities. Other agencies are philosophically opposed to paid volunteers, believing instead that unpaid volunteer services should be encouraged among our nation's youth. Each agency needs to make this decision according to its own philosophy.

Hiring the Ideal Program Coordinator

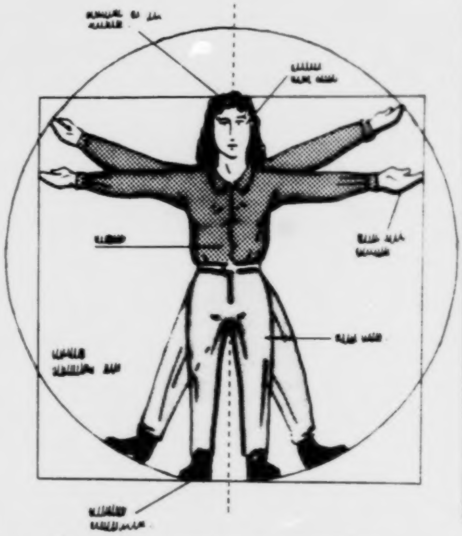
Before looking for the "perfect" program coordinator, always assess the skills you need and determine your general philosophy about youth involvement. The ideal program coordinator should a) be able to communicate and work effectively with youth and other staff, b) believe strongly that youth should make decisions throughout the program, and c) bring excellent organizational, public relations, group facilitation, and administrative skills to the position. Unfortunately, not many people fit that profile to the letter. Setting your priorities among the skills needed for the position can help you make distinctions between a handful of potential candidates.

Priorities

The next section outlines some basic priorities for the ideal candidate. Try to rank them using your own agency's needs.

- ✓ Has the ability to work and communicate effectively with youth and strongly believes in involving youth in all levels of program decisions and strategies.
- ✓ Has a sense of humor.
- ✓ Believes that youth can and should make their own choices. Is committed to the idea that youth act as resources for their peers and can provide important insights to youth-serving professionals about the needs of youth.
- ✓ Has an ability to handle many small projects at the same time and work effectively under pressure.
- ✓ Enjoys and is effective in working with people from different religious, socioeconomic, family, and cultural backgrounds.
- ✓ Has a general knowledge of adolescent development and an ability to communicate comfortably about sensitive subjects such as sexuality.
- ✓ Can develop and implement program plans and evaluation.
- ✓ Writing ability and facility with language.
- ✓ Has personal awareness of her own values and idiosyncracies and can maintain clear boundaries between work and personal life.
- ✓ Supports agency philosophy and policies.

A person with these qualifications should be able to recruit youth from the community, build a program that will ensure full youth participation and empowerment, supervise youth-led activities, and conduct an ongoing evaluation of the project. Finding someone who has an excellent background in issues such as alcohol and other drugs, HIV and AIDS, reproductive health, and suicide prevention is not as important as the person's ability to learn these areas quickly and work effectively with youth. After hiring the program coordinator, assess areas in which the person may need additional training and help her receive the necessary support to insure her success.



IDEAL PROGRAM COORDINATOR

Developing a Budget

Every agency has its own budget format and style. Sometimes funding sources will require the budget to meet specific standards. The following outline will present basic budget categories and program needs. In most agencies, the budget is developed by the administration with input from the program staff. In some cases, program staff are not as knowledgeable about their budgets as administrators. However, there are many advantages for program coordinators to understand the budgets for the projects they supervise, particularly the areas over which they may have some discretion in spending. Coordinators should be encouraged to have input in the development of the project budget and to monitor expenditures.

Program Needs and Costs:

I. Personnel

☐ *Executive Director*
☐ *Administration*
☐ *Program Director*
☐ *Program Coordinator*
☐ *Secretary*
☐ *Student Intern*

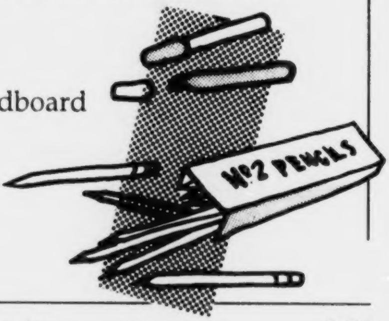
What percentage of time based on a regular work week will each position dedicate to this project? How does that translate into salary costs? Other personnel might include student interns to co-lead the training groups or supervise youth-led activities, or graduate students to help conduct evaluations. If these are paid positions, work out a per-hour rate and estimate of total cost for each.

II. Fringe Benefits

Benefits such as health and retirement insurance also need to be factored into your projections. Agencies differ on the percentage of salary that reflects the cost of benefits. The executive director or financial manager will be able to provide the most accurate information.

III. Supplies

☐ Training: newsprint, markers, notebooks, cardboard
☐ Office: stationery, envelopes, pens, pencils
☐ Film for photographs
☐ Video cassettes



For training youth, supplies will include notebooks or folders for keeping handouts, policies, and program descriptions in one place. Newsprint and markers will be needed to conduct various exercises in this manual. Index cards, cardboard, tape, and colored paper will all be needed throughout the year. Don't forget film to take photographs during the training and of special events; these pictures can be used for your agency's newsletter and annual report. Other supplies may include video cassettes if you have or plan to buy a video camera in order to film youth and make other presentations.
(See "IV. Equipment.")

IV. Equipment

☐ Video camera (optional)
☐ VCR (optional)
☐ Computer (optional)
☐ Tape recorder (optional)

Specific equipment considerations for the project include a video camera to tape youth-led activities or training sessions, a VCR on which to show educational videos, and a tape recorder to practice radio interviews or making public service announcements. You may be able to find some local businesses or families willing to donate equipment for your project.

V. Consultants

☐ Training
☐ Evaluation

If there are certain areas of the training that the program coordinator feels unqualified to lead, she can hire a consultant to conduct them, or better yet, she can obtain the necessary training. As discussed in the evaluation section, the agency may consider hiring an evaluation specialist to design and conduct the outcome evaluation for the program — it will be money well spent.

VI. Printing/Photocopying

☐ Program Brochure
☐ Applications
☐ Pre/posttests

Throughout the training the program coordinator will be printing or photocopying materials for the youth to read and use. In addition, design and print costs for brochures, applications and recruiting flyers, and pre/posttests can be estimated separately or as part of the entire line item for photocopying and printing.

VII. Youth-led Activities

☐ Hotline
☐ Theater Presentations
☐ Educational Materials
☐ Drug-Free Dance
☐ Conference Travel

It is important to allocate some funds for peer leader activities. The group of youth will then plan activities to fit their budget. By allowing the youth to plan and use their budget, they will learn important money management skills. If possible, budget money for youth travel to conferences as it is an excellent way to showcase your program and learn about others.

VIII. Other Costs

☐ Rent
☐ Telephone
☐ Postage
☐ Office equipment

These are the costs for space, telephone, and other items directly needed to operate the project.

IX. Administrative Costs

These costs are borne by the agency to ensure its basic operation. Your program will comprise a percentage of the agency's total operating costs for providing the infrastructure to plan and implement your program. These can be figured as separate line items in your budget or can be represented in a block as overhead costs. Be sure to check with the funding source to determine how administrative costs should be calculated.

2 Program Planning and Evaluation

II PROGRAM PLANNING + EVALUATION

II. Program Planning and Evaluation

This chapter explores the basic steps for developing a program plan and evaluation strategy for the Youth-Reaching-Youth Program. It presents a model plan that is designed to be adapted to meet your agency's specific needs.

PLANNING IS ESSENTIAL. If done well, it will keep program implementation crisis free. If done sloppily, the program coordinator will face unnecessary logistical and administrative hassles. Program planning and evaluation have been combined in this chapter because they cannot be done separately. The evaluation component is part of the program plan, and program goals and objectives determine the evaluation measures. Without one, the other is incomplete.

The tasks involved in developing a program plan and evaluation strategy are the following:

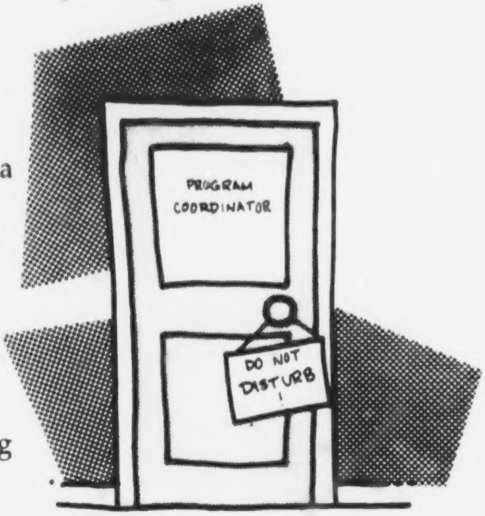
1) examine personal attitudes towards youth participation;
2) develop program goal(s);
3) develop program process and outcome objectives;
4) develop timeline and tasks for each objective;
5) develop a process evaluation strategy, including what data and how data will be collected; and
6) develop an outcome evaluation strategy, including what data and how data will be collected.

Program Planning

Assessing Personal Attitudes

As the program planner, you need to address your personal values and "hang-ups" related to youth participation and involvement before planning the program. This can be done in several ways — visiting several different programs that involve youth at all levels of an agency to understand how youth participation can effectively work; completing an attitude exercise as described in Chapter III, page 3-4, to identify areas in which you personally feel youth should not be providing services or completing agency tasks; and/or to explore with young people (whom you have worked with, not provided services to) their feelings about your interactions with them. In order to be an effective planner, it is important to recognize personal bias and to find a way to separate them from the process of planning.

Developing a Goal



Set aside at least four hours, and work preferably in an office without a telephone, so that you will not be disturbed. Consider this time sacred and do not let anyone make you feel otherwise. Bring in your favorite pen, pencil, pad of paper and other props that help you focus.

In the planning process, the following two questions are answered:

- What is the overall goal of this program and how does it relate to the agency's mission and philosophy?
- How will you accomplish the overall goal?

The goal should be broad and articulate the program's intent. Unlike the program objectives, the goal does not have to be measurable.

Example Goal

To reduce alcohol and other drug use among homeless, runaway, and other youth in high-risk situations in (the name of your community).

Developing Objectives

Program objectives articulate how the program goal will be met and what the program outcome will be. Because objectives are measurable, they lead naturally to the decision of **how** they will be measured in the evaluation. The program **process** objectives should include the following information:

1) the target population or who the program will reach;
2) the activity or what will happen;
3) what person or persons will be responsible for making the activity happen;
4) the location of the activity(ies);
5) the date and time frame for the activity(ies).

When developing the process objectives for the Youth-Reaching-Youth Program, keep in mind the time frame. Does the training schedule conflict with other agency programs or with youth obligations? For example, you would not want to start a training in May because that is when lots of activities, such as graduation and proms, are going on in school.

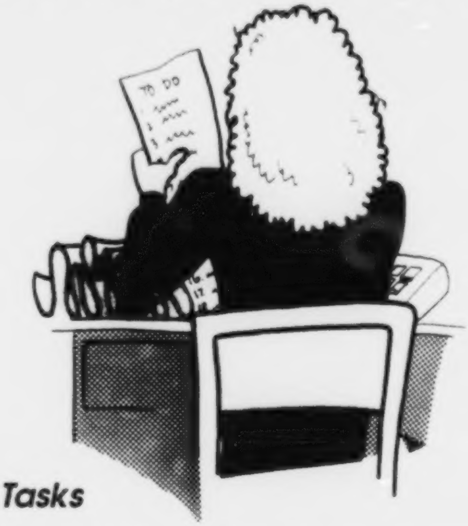
The program **outcome** objectives should articulate what impact the program will have on the target population. What will they learn? What attitudes or behaviors will change? In the Youth-Reaching-Youth Program, the target population is both the peer leaders who are trained and the youth in high-risk situations for whom the peer leaders conduct prevention activities.

Your **outcome** objectives will vary depending on what type of youth-led activities the peer leaders implement. The following sample objectives are for the Youth-Reaching-Youth Program in which the peer leaders are trained to implement alcohol and other drug-use prevention workshops for youth in high-risk situations.

Sample Program Process and Outcome Objectives	**Type of Objective**
The program coordinator and co-trainer will conduct a process and outcome evaluation of the training of youth and their activities by August 19___.	*Process*
The program coordinator will recruit twenty-five youth, from July through October, 19____.	*Process*
The program coordinator and co-trainer will conduct forty-two hours of training for twenty-five youth, beginning in November 19___ and ending in January 19___.	*Process*
85 percent of the youth in training will attend at a minimum 90 percent of the training sessions.	*Process*
At the end of the training, 90 percent of the youth will: be able to identify a peer with an alcohol or other drug problem; know where to refer a friend with a problem related to alcohol or other drug use, pregnancy or sexuality, conflicts with her family and/or depression; be aware of personal values related to sexuality, relationships, and alcohol and other drug use; feel capable of communicating effectively with and listening to her peers; and feel comfortable sharing information with her peers.	*Outcome of training*
After peer leaders have completed the training, they will volunteer three hours a week, February 19__ through August, 19____.	*Process*
The trained youth will conduct alcohol- and other drug-prevention education sessions for approximately twenty-five homeless, runaway, and other youth in high-risk situations per month, from March through August, reaching a total of 150 youth.	*Process*
80 percent of 150 youth in high-risk situations participating in the youth-led activities will be able to identify alcohol- and other drug-prevention resources in the community; have a greater awareness of their own personal risk of alcohol and other drug use; and understand the personal, physical, and legal consequences of alcohol and other drug use.	*Outcome*
By August 19____, the program coordinator and co-trainer will conduct process and outcome evaluation of the training of youth and their activities.	*Process*

Developing a Timeline and Tasks

After establishing your process and outcome objectives, develop a list of tasks that need to be completed to accomplish each objective. Each task should be given a time frame in which it should be completed. Listing tasks for each objective will help you check the timeline established in your objectives. You may find that your time frame will need to be changed after listing all the tasks needed to accomplish each objective.



Timeline and Tasks

Objective: The program coordinator will recruit twenty-five youth, from July through October 19____.

Months

Tasks - Timeline	July	August	September	October
a. contact schools	x	x	x	
b. contact community agencies	x	x	x	
c. develop and distribute applications	x	x	x	
d. place ads in newspapers	x	x	x	
e. review applications		x	x	
f. set up interviews with candidates		x	x	x
g. interview and select candidates		x	x	x
h. notify all candidates of your selection				x

Timeline and Tasks

Objective: The program coordinator and co-trainer will conduct forty-two hours of training for twenty-five youth, beginning in November 19___ and ending in January 19___.

Months

Tasks - Timeline	Sept.	Oct.	Nov.	Dec.	Jan.
Training					
a. review and revise training curriculum, plan training	x	x			
b. invite guest speakers		x			
c. parent orientation			x		
d. staff orientation		x			
e. conduct 42 hrs. of training			x	x	x

Objective: The trained peer leaders will conduct activities for approximately twenty-five homeless, runaway, and other youth in high-risk situations per month, from March through August, reaching a total of 150 youth.

Months

Tasks - Timeline	Feb.	March	April	May	June	July	Aug.
Youth-led events							
a. youth develop, plan/ staff reviews	x	x	x	x	x	x	x
b. youth implements/ staff supervises		x	x	x	x	x	x
c. monthly group meetings		x	x	x	x	x	x
d. individual supervision		x	x	x	x	x	x
e. develop and mail press releases for events, if appropriate		x	x	x	x	x	x
f. final celebration							x

Timeline and Tasks

Objective: The program coordinator and co-trainer will design and conduct a process and outcome evaluation of the training of youth and their activities by September 19___.

Tasks	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sep.
a. design the process and outcome evaluation	By x										
b. identify a control group for trng. eval.	x										
c. pretest	x										
d. posttest			x								
e. check objectives & timeline		x	x	x	x	x	x	x	x	x	
f. identify control groups for prevention activities eval.				x	x	x	x	x	x	x	
g. pre/posttests					x	x	x	x	x	x	
h. analyze data			x	x	x	x	x	x	x	x	
i. written report on data										x	x

Evaluation for Program Planners

Now that goals and objectives have been created, the evaluation strategy is designed to measure their attainment and effectiveness. The evaluation will provide crucial information on whether or not the program design does in fact help reduce or prevent alcohol and other drug use among youth in high-risk situations. It will also tell you what is working and what isn't working in the program. For instance, by tracking the number of youth who attend all the trainings, you will know whether the youth are having problems attending and how many youth are fully trained.

The evaluation will allow you to prove to funders — government agencies, foundations, corporations — that their investment paid off. With documented program success, raising additional funds will be easier. Your evaluation plan will require collecting a variety of information to measure the success of both your program process and outcome objectives.

Process Evaluation

Every good program planner wants to know what works and what doesn't work in her program model. The **process** evaluation assesses the effectiveness of the implementation plan, looking at issues such as meeting objectives on time. It provides a mechanism for altering the program if problems occur.

Listed below are some key process evaluation questions.

1) Was the time frame for meeting objectives realistic?
2) Did the program meet its recruiting objective?
3) What percent of the youth received the full forty-two hours of training?
4) How many youth were trained?
5) How many youth in high-risk situations received services by peer leaders?
6) How many hours of service did peer leaders volunteer?

You will note that these questions flow out of the process objectives discussed earlier, on page 2-5. Because each objective was measurable, the evaluation can accurately assess to what degree the process objectives have been achieved.

Sample Process Objectives and Approaches to Measuring Them

(**Note:** All of the following are suggestions for how to collect information **during** the program implementation phase.)

1) 100 percent of the program objectives will be met within two weeks of the designated timeline.

Review your work plan and timeline quarterly. Document when tasks were completed and compare that to when they were predicted to be completed. If some tasks took more, or less time, examine why. Will these factors affect your program next year?

2) 85 percent of the youth in training will attend, at a minimum, 90 percent of the training sessions.

Take attendance at the training sessions to record who needs to make up for missed sessions. The sample Attendance Sheet, which follows this section on page 2-12, is one way of recording this information.

3) After each training session the trainers will review the session and make notes for revision.

The trainers should take ten minutes after each training session to evaluate the usefulness of the training exercises and/or guest speaker. These notes will be used for planning the training next year. The Field Notes Form, on page 2-11, is one way to collect this type of information.

4) After peer leaders have completed the training, they will volunteer at the agency three hours a week, February 19__ through August 19____.

If you have determined that peer leaders will volunteer for a specific period of time, you will need to document their hours at the agency. The Activity Form, on page 2-13, is one possible way of recording this type of information. In addition to aiding your evaluation, the information can be useful for other foundation grants and agency annual reports.

5) The peer leaders will conduct alcohol- and other drug-prevention sessions to approximately twenty-five homeless, runaway, and other youth in high-risk situations per month, from March through August, reaching a total of 150 youth.

Again, the Activity Form, on page 2-13, is one way of keeping statistics on the number of youth served by the peer leaders. This information will be necessary to know how effective the program is in reaching large numbers of youth. Funding sources, the board of directors, and the executive director will all want to know this information.

FIELD NOTES FORM

Name ______________________________

Agency ______________________________

Training Session # ______________________________

Training Session # in How-to Manual ______________________________

Number of Youth Present ______________________________

Date ______________________________

Activity Title ______________________________

How long did it take? ______________________________

Youth reactions? (enthusiastic, bored, didn't get involved)

____

____

____

How could the session be improved? ______________________________

____

____

Activity Title ______________________________

How long did it take? ______________________________

Youth Reactions? (enthusiastic, bored, didn't get involved)

____

____

____

How could the session be improved? ______________________________

____

____

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ATTENDANCE SHEET

Agency Name

Time Period

Program Name

Program Staff

Name/Youth Participating	Sessions Attended 1 2 3 4 5 6 7 8 9 10 11 12	Total
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
Totals		

ACTIVITY FORM

Name of youth ______________________________

Date ______________________________

Type of activity ______________________________

How many hours were volunteered? ______________________________

How did the activity go? Was it successful? Why or why not? ____________

____

____

____

Anything unusual happen? ______________________________

____

____

____

Staff should follow-up on: ______________________________

____

____

____

Other notes/observations: ______________________________

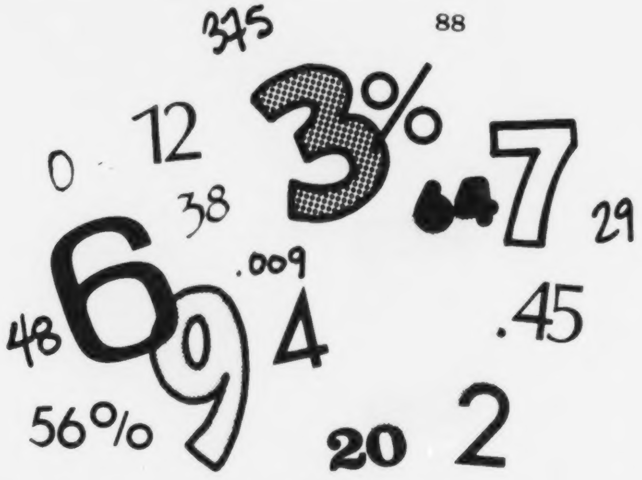
____

____

____

Outcome Evaluation

The outcome evaluation will measure what impact the training and/or the program had on the target population. Was knowledge increased? Did attitudes change? Did participants feel more confident about their ability to communicate with others? In the Youth-Reaching-Youth Program, your outcome evaluation should assess two different outcomes: 1) the impact of the training on peer leaders; and 2) the impact of youth-led activities on the target population — the group that received services from the peer leaders. If the peer leaders are running a hotline, the callers are the target population. If the peer leaders provide counseling and recreational activities for residents in a homeless and runaway shelter, the residents are the target population. Together, the process evaluation and outcome evaluation will give you a comprehensive analysis of your program design and its effectiveness. In developing your outcome evaluation, you will need to accomplish four tasks: 1) establish quantifiable outcome objectives; 2) chose an appropriate evaluation design; 3) develop an appropriate method for collecting data; and 4) collect and analyze data.



1) Quantifiable Outcome Objectives

The first step in designing an appropriate outcome evaluation strategy is to establish quantifiable (measurable) outcome objectives. In other words, what you expect youth to know at the end of the training or what the target population should know after receiving services from other youth. For instance, if your training is designed to prepare peer leaders for counseling other youth, at the end of your training you may want:

- 100 percent of the peer leaders to know all the house rules and regulations for residents in the shelter;

- 100 percent of the peer leaders to report that they feel comfortable talking with youth who may be different from themselves.
- 100 percent of the peer leaders to know four common behaviors among suicidal youth.

The outcome objectives identified in the sample program objectives on page 2-5 are:

- After the peer leaders complete 42 hours of training, 90 percent of the youth will be able to identify a peer with an alcohol or other drug problem; know where to refer a friend with a problem related to alcohol or other drug use, pregnancy or sexuality, conflicts with her family and/or depression; be aware of personal values related to sexuality, relationships, and alcohol and other drug use; feel capable of communicating effectively with and listening to her peers; and feel comfortable sharing information with her peers.
- 80 percent of 150 youth in high-risk situations participating in the youth-led activities will be able to identify alcohol-and other drug-prevention resources in the community; have a greater awareness of their own personal risk of alcohol and other drug use; and understand the personal, physical, and legal consequences of alcohol and other drug use.

2) Outcome Evaluation Design

While some outcome evaluation designs can be much more complicated and expensive than process evaluation because they require more staff time and/or hiring a consultant, outcome evaluation will let you know to what degree the program prevents or reduces alcohol and/or other drug use among youth in high-risk situations. In the evaluation design strategy, you need to establish a way of measuring the desired outcomes. There are many different evaluation models you can use. Most are based on questionnaires, and surveys, or on focus groups. Developing survey instruments is a complicated undertaking. Questions need to be designed well to provide the necessary information. When deciding on an evaluation strategy for your peer-led program, talk with various university graduate programs in your community to identify a graduate student who is willing to work with you, or if your budget allows, you can hire an evaluation consultant.

Although this manual is not designed to give you a comprehensive understanding of evaluation methodology and strategy (consult a researcher for a comprehensive design), the following discussion will identify some of the common techniques used in outcome evaluation — experimental and quasi-experimental.

Experimental Design

In a true experimental design, youth are randomly assigned before the training to a control group or to the training group. An example of random assignment would be if among all the young people in a community, ten youth are arbitrarily chosen to participate in the peer program and another ten youth are chosen for the control group. Because the participants in each of these groups are randomly assigned, they are considered scientifically comparable and should be very similar in many aspects such as age, race and ethnic origin, socio-economic background, knowledge of alcohol and other drug issues. The control group will not participate in the training so that changes in their knowledge, attitudes, and behaviors are attributable only to chance. After the program training, the changes in the training group are compared to changes among the control group. Any difference in the level of change in whatever is measured (e.g., knowledge) would then be attributed to the intervention given to the training group. The diagram below illustrates this strategy.

	Week 1	**Week 2-10**	**Week 11**
Group A Training Group	Pretest	Intervention (Training)	Posttest
Group B Control Group	Pretest	No Intervention (No Training)	Posttest

This design is costly and not appropriate for the Youth-Reaching-Youth Program since the program design does not permit youth to be randomly assigned to be peer leaders.

Quasi-experimental Design

The quasi-experimental design is more feasible than the experimental design for the Youth-Reaching-Youth Program and will provide information on the cause and effect of the program when a control group is used for comparison purposes. The quasi-experimental design is identical to the experimental design, **except that there is no random selection of participants**. Participants for the training group and control groups can be selected by the program coordinator. The training group is selected, through a recruitment process, and the control group is selected based on having similar characteristics (age, race and ethnic origin, socioeconomic background, knowledge, and exposure to alcohol and other drug information) as the training group.

The quasi-experimental design involves conducting pretest and posttests of both the training group and a control group to measure and compare what ever is intended to be changed by the program, such as knowledge, attitudes, and behaviors between the two groups. The control group allows you to measure changes in a population that has received no special training.

3) Method of Collecting Data

Posttest Only

Another approach to outcome evaluation, which is simpler but less informative than the quasi-experimental pre/posttest design, is to collect knowledge, attitude, and behavior information only once, after the intervention (the training). With this posttest-only approach, the program coordinator can determine if the peer leaders who have completed the training are prepared to implement prevention activities. Are they ready to counsel other youth on alcohol and other drug issues? Are they ready to answer hotline calls? You can ascertain this information without using a control group for comparison purposes; however, without a control group you will not be able to know if it was your training alone that prepared the youth or if they learned the information at school or knew it before they came to the agency, or a combination of both. You will not be able to infer a cause and effect relationship between intervention and your observed outcome. This level of information may be appropriate, however, depending upon your evaluation needs. Examples of posttest-only questionnaires used by Briarpatch can be found on pages 2-22 and 2-24.

Focus Groups

If you wish to avoid designing a survey instrument or if you wish to gather additional, qualitative information, focus group discussion before and after the intervention is an inexpensive evaluation approach that will yield useful information to gauge whether your program efforts have been successful. As with the posttest-only approach, however, focus groups do not allow you to infer a cause-and-effect relationship. Focus groups provide you with in-depth, qualitative information on young people's knowledge, attitudes, and self-reported skill levels. Remember, however, that focus groups are not considered statistically significant measures of program performance.

A focus group, a methodology for qualitative research only, is a small group discussion led by a facilitator. Group participants are encouraged to talk to each other and share their attitudes and opinions on questions raised by the facilitator. The facilitator poses questions, clarifies responses, and directs the flow of the conversation to cover all areas needed to be examined. The facilitator should not provide information or voice opinions herself.

To compare attitudes before and after a training program, a facilitator might conduct focus groups prior to and at the conclusion of the training, and compare responses between the two discussions. Focus groups can be videotaped so the discussion and body language of group members are captured. A videotape will be useful not only in your evaluation efforts but also in your fundraising and recruiting efforts. It will capture the strengths of the program as youth articulate what they have gained from the training and why they decided to be part of the program.

During the focus group sessions for the Youth-Reaching-Youth Program, participants are asked questions that explore their knowledge and attitudes about alcohol and other drug use, sexuality, violence and other issues, as well as a self-assessment of their various skills levels. (See the Focus Group Pre/Post/Training Evaluation description which follows this section.)

After completing the post-program training focus group discussion, the program coordinator should compare the pre- and post-focus group videotapes, and note changes in knowledge, attitudes, and self-reported skills among the target population. Based on this information, the training should be revised accordingly.

4) Data Collection, Management, and Analysis

Here is a list of issues that need to be addressed in your data collection and management system for a quasi-experimental evaluation:

- coordination of conducting pre/post/training and follow-up surveys of the control and training groups;
- an anonymous system of identifying surveys, such as using participants' social security numbers on the top of each survey;
- a consistent system for coding surveys (developing a code book, for example).

As stated at the beginning of this section, you should work with an evaluation specialist who will set up these systems for you, enter, and analyze the data. After the data have been collected, you will need to review and analyze what you have found and consider how you want to write up the results. Most importantly, with this information you can look more critically at your program design and revise it as needed to improve the program in the future.

FOCUS GROUP PRE/POST/TRAINING EVALUATION

Purpose: To have youth self-evaluate their knowledge, attitudes, and skills as peer leaders/counselors.

Materials

A video camera and videotape are preferred, but otherwise a tape recorder or someone who can take notes, for a record of the session.

Notes to the Program Coordinator

The basic process of conducting a focus group is similar to facilitating a group discussion. It is important

- to ask open-ended questions;
- to begin with broad questions, then ask more specific ones;
- **not** to give your opinion or correct misinformation;
- to encourage everyone to participate;
- to keep the discussion moving on track.

Sample Introduction by the Program Coordinator to the Pretraining Group:

"You have just heard about the program and seen the training outline. Now I would like to explore your thoughts and feelings about alcohol and other drugs, peer programs and your expectations of the program. This same discussion will be held at the end of the training and will help us, the trainers, better know what we do well and what we need to improve for the next training."

Questions

Consider some of the following questions to lead the focus group discussion. Don't feel that you have to use all of these questions, but be sure to explore at least half of them with the group. Try not to get sidetracked on one issue only. It will prevent the group from fully evaluating the program. This discussion will serve as a baseline of information to compare to information gathered from the focus group discussion given at the end of the training.

Questions

What made you interested in becoming a peer helper?

> *How did you find out about the program?*
> *Who encouraged you or supported your decision to participate?*

What does being a peer helper, leader, counselor mean to you?

> *How have you helped people in the past in crisis and non-crisis situations? What was it like? What were you good at? What did you want to learn how to do better?*

How do you react around people expressing intense feelings of sadness, anger, or fear?

What do you want to learn in this program?

> *What skills do you want to improve on?*
> *What information would you like more of?*

What are the most pressing problems for youth in your community?

> *What problems exist around pregnancy?*
> *What options/services should be available to pregnant teenagers?*
> *What problems exist around relationships/dating?*
> *What problems exist within families?*

How would you describe a teenager who is suicidal?

How would you describe a teenager who is gay?

What personal qualities, strengths, or gifts do you bring to this program?

What are your feelings regarding alcohol and other drug use?

How would you describe a teenager who is dependent on alcohol or other drugs?

What do you do when you feel sad or angry or under stress?

How do you go about making decisions?

How do you think this group should make decisions?

BRIARPATCH PEER PROGRAMS

Evaluation/Survey

(This evaluation form is used at Briarpatch. It is given out to peer helpers at the end of training to gather qualitative information on how the peer helpers felt about the training they received. It is not useful in assessing the impact the program had on the peer helpers knowledge, attitudes, or behavior, only to give general information on the youths' thoughts on the program. This information, however, is useful in revising and strengthening the program.)

Have you ever wondered what you get out of being a peer helper at Briarpatch? We wonder, too! So please take a couple of minutes to answer the following questions and return the survey in the enclosed envelope. Please be as honest as possible when you answer. You can put your name on the survey if you want, but you don't have to. Thanks for your help!

1) Have you benefitted from being a peer helper at Briarpatch?

YES NO *(circle one)*

Please explain (please be specific).

2) How do the following people feel about you being a peer helper according to the following scale:

1 = they like it 2 = they are indifferent 3 = they don't like it

Family:

Peers:

Other Adults (i.e., teachers, counselors, employers, etc.):

3) How does being a peer helper here compare with what you thought it would be like before you started?

4) Has going through training and being a peer helper at Briarpatch affected any decisions about sexual intercourse?

YES NO *(circle one)*

Please explain.

5) Has participating with the program affected your attitudes or behavior regarding drug/alcohol use? If yes, how? If no, how come?

6) Are you better able to address other youth issues/concerns (besides drug/alcohol and sexuality) because of your involvement with this program?

Please explain.

7) Do you feel comfortable working with the adults at Briarpatch?

Please explain.

8) Any other comments or suggestions for us?

9) Females: *(Please Circle One)*

Have you ever been pregnant?	YES	NO
Has a family member ever been pregnant as a teen?	YES	NO

Males: *(Please Circle One)*

Have you ever been the boyfriend of a pregnant teen?	YES	NO
Has a family member ever been pregnant as a teen (i.e., sister, mother)?	YES	NO

10) Age: _____

11) Race: *(Please Circle)*

white (non-Hispanic)   African-American/Black (non-Hispanic)

Latino(a)/Hispanic   Asian   Native American   Mixed   Other

Thanks again for your help. We appreciate your assistance a lot!!

TEEN RAP LINE TRAINING INVENTORY

(Briarpatch uses this Teen Rap Line Training Inventory to evaluate the knowledge of peer helpers before they volunteer on the hotline. This is given only once, after training. Therefore, this evaluation strategy does not collect data on the effect the training had on the peer helpers' knowledge, but it does inform Briarpatch whether the peer helpers have the knowledge they need in order to be effective hotline volunteers.)

1) What should you do upon arriving at Teen Rap Line?

2) What are the correct procedures for opening and closing the TRL telephone?

3) Each Teen Rapper must complete _______ shifts per week and attend _______ required monthly meeting.

4) Besides being on shift and at monthly meetings, what are three other optional duties of Teen Rappers?

   a)
   b)
   c)

5) There will be a minimum of _____ Teen Rap volunteers per shift.

6) What is the purpose of the Teen Rap Line?

7) What is empathy?

8) A peer counselor is....

9) Give three characteristics of useful feedback.

   1)
   2)
   3)

10) What does active listening mean?

11) If a teen runaway calls and wants to let his/her parents know that he/she is alright, what number can you give them?

12) What is Planned Parenthood?

13) Give an example of one open-ended and one close-ended question. What are two advantages of open-ended questions?

14) What does "coming out" mean?

15) Explain two "myths" about homosexuality.

16) Where would you refer a caller who is questioning their sexuality?

_______________________________ #____________

_______________________________ #____________

17) How would you handle a caller who is masturbating over the phone?

18) Why would a teen call 251-2345 or have a friend call?

19) Where would you refer a teen who is pregnant and undecided about what to do?

_______________________________ #____________

_______________________________ #____________

20) Where would you refer a teen who has been sexually assaulted?

________________________________ #______________

What are some other abuse referral sources?

________________________________ #______________

21) Define:

submissive

aggressive

assertive

22) What is OASIS?

23) What does Dane County Social Services do?

24) Define and describe self-esteem.

25) What should you do when you receive a call from a suicidal teen?

26) Describe five warning signs of suicide.

a)
b)
c)
d)
e)

27) Define stress.

28) What are three suggestions you might have for a depressed caller?

a)
b)
c)

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29) List three positive ways of coping with stress.

    a)
    b)
    c)

30) List three feelings faced by family members of chemically dependent people.

    a)
    b)
    c)

31) Where would you refer a teen who is worried about their drinking or other drug problem?

_______________________ #___________

_______________________ #___________

32) When would you call AA?

    When would you call Alanon?

    When would you call Alateen?

33) Where would you take a drunk friend, younger than the legal drinking age, who cannot make it safely home on their own?

34) Where would you have a teen call if they want basic information on drugs?

35) Choose one specific problem that you have encountered in the last few weeks and suggest how you might handle a similar situation from a Teen Rap Line caller.

    Problem:

    Suggestions:

TEEN RAP LINE

TRAINING EVALUATION

(Briarpatch uses this form to gather data on peer helper skills in answering teen hotline calls. It is used only once, so this evaluation strategy does not collect information on cause and effect.)

Name of Trainee____________________________________

Training Session ____________________________________

Trainee is evaluated on the following qualities:

1.	Appropriate Use of Referrals	Needs Work	Ok	Great
2.	Active Listening Skills: (paraphrasing, summarize, etc.)	Needs Work	Ok	Great
3.	Ability to Demonstrate Warmth	Needs Work	Ok	Great
4.	Ability to be Nonjudgmental	Needs Work	Ok	Great
5.	Explored Options:	Needs Work	Ok	Great
6.	Explored Feelings:	Needs Work	Ok	Great

7. Other Comments:

____

____

____

____

Evaluators's Signature:______________________________

Date:____________________

III

PROGRAM IMPLEMENTATION

III. Program Implementation

This chapter discusses how to ready your agency staff for youth participation, techniques for recruiting and screening youth, building parental support (parents' orientation), and strategies for conducting youth training, supervision, and retention of youth volunteers.

Preparing Agency Staff for Youth Participation

Before beginning a Youth-Reaching-Youth Program, it is important to acknowledge one difficult fact: not everybody likes or trusts young people. Some staff of youth-serving agencies may not be aware that they perceive youth in stereotypical, negative ways. This hidden barrier to starting up the Youth-Reaching-Youth Program can be labeled ADULT ATTITUDES. The program coordinator will need to address these attitudes aggressively at the onset, before agency staff become upset or concerned about some aspect of the program once it is underway. The goal of addressing negative attitudes is to help staff realize the significant contribution youth can make to the agency and to ensure that youth will not be used tokenistically, but will be appropriately incorporated into agency decision-making roles. It is vital to the success of the program to GIVE SOME REAL AUTHORITY AND DECISION MAKING RESPONSIBILITIES TO THE YOUTH.

How to Address Adult Attitudes

Plan a meeting in which the program coordinator listens to staff concerns and discusses the advantages and disadvantages of implementing the Youth-Reaching-Youth Program. The program coordinator should address staff attitudes in the context of the program's goals and objectives, discussing logistics such as when youth will be attending the training, where the training will be held, and reviewing the expected outcome services designed by the trained youth for other youth.

During the meeting:

- conduct a check exercise that focuses on adult attitudes towards youth (see below);
- educate staff about the program;
- respond to staff questions or concerns about the program;
- ask staff to explain the ways in which they can involve youth in their agency work or programs;
- invite staff to sit in on the training or to conduct a training themselves if appropriate.

Adult Attitude Exercise

Youth Force, a group in New York City, conducts Youth Empowerment workshops for adults and always begins with an "Attitude Check." The workshop coordinator asks agency staff to think of all the tasks performed at the agency (from answering the telephone, to hiring staff, to serving on the board of directors), and then writes all the tasks on newsprint. Staff then think about which tasks they feel young people could do without adult direct assistance **(if they are trained)** or with some adult assistance, or should not do at all. Each task is then discussed, and adults are challenged to consider why youth should be excluded from certain jobs. If the youth are trained, is there really anything that they could not do? At Youth Force, for example, youth raise money and are basically responsible for running their entire program with supervision by an adult staff (whom they hire and evaluate).

This exercise can get adult staff to consider their attitudes, some of which they should be encouraged to change before your agency begins to train and incorporate youth. You need to be sure, for the sake of your program and your youth volunteers, that your agency recognizes the abilities and potential contributions of youth involvement in the agency.

Possible Staff Concerns or Requests

You may be blessed with staff who believe youth can be responsible and involved in all levels of the organization, or you may find that staff want to set limits about what youth can or cannot do while working or volunteering at your agency. You might encounter a variety of concerns such as "Youth should not be using expensive equipment, like computers and copy machines." A possible response to this concern is to establish a policy that youth, like other staff, will not be allowed to use equipment until they have been trained.

Changing anyone's attitude is difficult. This one session can help begin transforming some negative attitudes towards youth and strengthen positive ones. However, it is only the beginning. As you begin implementing the Youth-Reaching-Youth Program you will need to continue working with all staff about their attitudes toward youth in the agency.

Recruiting and Selecting Peer Leaders

Recruiting youth for your program requires some creative and some standard outreach efforts. The first group of youth to recruit will be the hardest. Ideally, you will be striving for a diverse group of youth, so you will want to recruit youth from many different areas of your community. Your connections with people in the community will be one of the greatest assets in your initial recruitment efforts.

Once youth are involved, one of the best means of further recruitment will be their own word-of-mouth promotion and recruitment efforts through presentations in classrooms, church youth-groups, residential programs or group homes, and other community-based youth groups.

Strategies and Places to Recruit Youth

The most important thing is to reach as many people as possible. Depending on your budget, consider the following:

1) send mailings and make telephone calls and presentations to:

- school guidance counselors and teachers;
- church youth group leaders, volunteers, and ministers;
- counselors at group homes, transitional, and independent-living programs;
- community-based youth groups such as YWCA, YMCA, Girls Inc., 4-H Clubs, and youth employment programs;
- child-welfare agencies; and
- juvenile court/probation offices.

2) place recruitment flyers at:

- teen "hang outs." If you don't know where the "hang outs" are, ask a teen. Hang-out places could include community parks, housing projects, 7-Eleven stores, video arcades, the local mall, or fast-food restaurants.

3) prepare advertisements and give them to:

- local radio stations and TV stations with teen audiences (maybe these can be run as a public service — for free);
- high school newspapers; and
- community-based, youth-run or -read newspapers.

Development of Advertisements and Flyers

Involve youth in the development of the advertisement and the flyer, if you can. With the youth, establish all the essential information needed in the advertisement and flyer and then let them create the language and design that would most appeal to their peers.

Here is a list of information to include in the flyer and advertisements:

- name of your agency and a short description of what it does
- name of the youth program and what youth do in it
- youth who are encouraged to apply (for example, youth who want to work with other youth, youth who want to get involved in their community, and want to prevent or reduce alcohol and other drugs use)
- age limitations or other limitations requirements for participation
- where and how to get an application or more information

Developing an Application Form

If your recruitment efforts are extremely successful, you will need forms for applicants to fill out so the program coordinator can begin to rank the young people for a place in the program (see Screening Applications and Interviewing, page 3-16). The application form should provide the program coordinator with information that will allow her to make intelligent decisions about who to interview for the program. Some information is essential — such as an applicant's ability to make the minimum time commitment required for the program. If more than one program is open to youth, list all the programs on the form and let each applicant indicate their area of interest. (See sample forms on pages 3-8 — 3-15 for more detailed suggestions.)

Most applications are written. However, some youth groups accept audio applications (those on tape cassettes). This options allows youth less confident of their reading and writing skills to apply.

After the application form has been designed, ask a couple of youth to review it. Ask them to evaluate whether the form

- is clear?
- is user friendly?
- makes them more or less interested in the program?
- includes any questions that seem strange or inappropriate?
- Do they have any other comments?

Be sure to the keep language simple and clear. Remember that the young people reading the materials you produce don't know as much about the program as you do. It can be confusing if you say too much or too little.

Sample Application Forms

The following application forms serve Briarpatch's peer helpers program, teen hotline, and drama group in Madison, Wisconsin; Youth Emergency Service (YES)'s youth/adult volunteer program in a homeless and runaway shelter in St. Louis, Missouri; and Mendocino County Youth Project's school-based peer counseling program in Willits, California. Each application form is different, reflecting each program's goals and needs.

Note that all three volunteer application forms ask 1) if applicants can meet the required minimum time commitment, and 2) for references. Checking references on applications will provide you with a better knowledge of the applicants and how this program may fit into their current, busy lives. Some agencies, such as the Youth Emergency Service (Y.E.S.) in St. Louis, Missouri, do not reject any volunteer applicants. After the training, YES evaluates each volunteer's skill level and places her in an appropriate volunteer role. Review the three sample application forms that follow. Make note of questions that would be useful to your Youth-Reaching-Youth Program, then adapt those questions into an application form that meets your agency's structure and your program needs.

BRIARPATCH, INC.

Hi!

Thanks for your interest in Briarpatch's peer programs! We are currently recruiting volunteers for three projects:

JABONGGIT (Just a Bunch of Ordinary Guys and Girls in Theatre) - JABONGGIT performs open-ended skits to help teens and adults explore the issues facing adolescents today. The skits are designed to be discussion starters; following each scene, facilitators help the audience process reactions to the skit and provide information on the content area. JABONGGIT members complete twenty hours of training prior to making a three-to-five hour per week commitment.

Youth Participation Project (YPP) - Through workshops, presentations, radio interviews, and art and writing projects, volunteers with YPP work with staff to educate teens and adults in Dane County on adolescent issues (sexuality, pregnancy, relationships, etc.). YPP volunteers complete twenty hours of training prior to making a one-three hour per week commitment.

Teen Rap Line (TRL) - Teen Rap Line is a peer phone help-line staffed by teen volunteers. TRL volunteers complete forty hours of training prior to making a six month commitment to answer the phones four hours per week.

The next training session for Briarpatch Peer Programs will be on Monday and Thursday evenings from 6 - 9 p.m. beginning February 19. Training for YPP and JABONGGIT will end March 15, and training for TRL will end April 5.

We'd like to know a little about you and your reasons for wanting to volunteer at Briarpatch. Therefore, we would very much appreciate it if you would fill out the enclosed application form and return it to Briarpatch as soon as possible. You must also have your parents fill out, sign, and return the enclosed Parental Consent Form with your application. Once we receive your completed application, we will call you to schedule an interview.

Again, thanks for your interest. We're looking forward to meeting with you and talking about your involvement in Briarpatch's peer programs. If you have questions or concerns before you hear from us, please feel free to call me at 251-1126.

Sincerely,

Mary Ellen Blandford
Youth Programs Manager

BRIARPATCH, INC.
Peer Programs
Volunteer Application Form

Please answer each of the following questions clearly.

Please Print Date: __________

Name:________________________________ Phone: ________

Address:______________________________ Zip:___________

School:_______________________________ Grade: ________

Age:__________ Birthdate:___________ Sex: ___Male ___Female

Race (circle one - for agency reporting purposes only):

White Black Hispanic Asian American Native American

1. Please indicate the peer program(s) you are interested in. (Check all that apply)

   ____JABONGGIT - three-to-five hours per week commitment after twenty hours of training. Will you be able to make this commitment? ___yes ___no

   ____Youth Participation Project (YPP) - three-to-five hours per week commitment after twenty hours of training. Will you be able to make this commitment? ____yes ____no

   ____Teen Rap Line (TRL) - four-hour per week commitment for six months after forty hours of training. Will you be able to make this commitment? ____yes ____no

2. Will transportation to Briarpatch be a problem for you? _____
   How do you plan to get here?

3. How did you hear about Briarpatch's peer programs? (Please be as specific as possible — e.g., friends, TV ads, posters, school guidance counselor, etc.)

4. Please describe any volunteer experience you have had.

5. In what other activities are you currently involved (work, after-school activities, sports, etc.)? How much time per week does each of these activities involve? Be specific.

The next two questions are designed for you to demonstrate your interest and abilities in being a peer helper/educator. In answering them, think about some of the problems faced by teenagers — relationships with family and friends, peer pressure, sexual questions, drug and alcohol use, loneliness, and depression. Feel free to use additional space if necessary.

6. Why do you feel you are qualified to be a peer educator (JABONGGIT or YPP) or a peer helper (TRL)? Please be as specific as possible — this is your time to brag. Tell us about any experiences you've had helping yourself or others.

7. Why is peer helping/educating important? In other words, what can peer helpers/educators do that "professionals" can't?

8. References. (Please list two names, how they know you, address, and phone number. Also indicate the best time to reach them.)

    1.

    2.

Send completed application to:

Youth Programs Manager
Briarpatch, Inc.
512 East Washington
Madison, WI 53703

MENDOCINO COUNTY YOUTH PROJECT SCHOOL-BASED PEER COUNSELING PROGRAM

APPLICATION

DATE:__________

YOUR NAME:__________________________ GRADE:____ PHONE:______

Please discuss why you would like to be a Peer Counselor: ______________

____

____

What personal qualities do you have to offer? ______________________

____

____

Please check specific assignments in which you might participate:

___Target Counseling ___Elementary School Presentations

___Special Education Aids ___Tutoring ___New Student Guide

___Junior Partners ___other (list)__________________________________

BASIC PEER COUNSELING REQUIREMENTS: Concern for others, willingness to maintain confidentiality, time to work with, listen to and help others, commitment to the program, willingness to risk and learn about self, and how you interact with others.

You will be expected to attend the three-day training at Emandal Ranch and sign up for the Peer Counseling Class (Tuesday evenings 7:00-8:30 p.m. beginning second quarter).

You will be expected to give one hour of service each week.

List two teachers you would use as references: ______________________

____

Circle the periods or days you could not come to the media center for your interview:

THURS 5/25 FRI 5/26 1 2 3 4 5 6 7 8 After School - 3:05

MENDOCINO COUNTY YOUTH PROJECT

PEER COUNSELING CONTRACT

IF CHOSEN TO BE A PEER COUNSELOR, I WILL AGREE TO THE FOLLOWING CONDITIONS:

1) I will enroll in the day peer counseling class.

2) I will respect all information that is given to me and not share it with anyone, except my advisor in a crisis.

3) I will take risks to reach out to students outside of my own social group.

4) I will do a **minimum** of one hour tutoring or other peer counseling service **on my own time** very week.

5) I will attend the three-day Peer Counseling training to be held in October.

6) I will attend regular Peer Counseling meetings every Friday morning.

7) I will participate in Peer Counseling fund-raising activities.

8) I will be a good role model to my peers.

IF YOU ARE WILLING TO COMMIT TO THE ABOVE STATEMENTS, SIGN BELOW:

______________________________ ______________

Your Name Date

YOUTH EMERGENCY SERVICE
VOLUNTEER APPLICATION

Date:________________

I. BASIC INFORMATION

Date of Birth:_________

Name:______________________________________ Age:_______________

Address:____________________________________ Phone:______________

____ (work):______________

Occupation and employer
OR
school name and grade: ____

Do you intend to receive school credit for your work at Y.E.S.?
____Yes ____No

Is it OK to call you at work? ___Yes ____No

How did you hear about Y.E.S.? Friend____ School ____

Ad or news article ____ Other________________________

Please explain briefly why you are interested in volunteering at Y.E.S.:

____

____

____

How many hours a week do you anticipate being available to volunteer?
____

II. SKILLS and/or EDUCATION and/or EXPERIENCE

Have you had previous counseling/social-work/human-service experience?
If yes, please explain:

____

____

____

If you have previously volunteered at another agency, please briefly explain your reason for leaving and give the name of your agency supervisor:

____

____

May we contact your previous supervisor? ____ Yes ____ No

Please list any other references you might want us to contact regarding your previous volunteer work:

1. ____________________ Name and Title	2. ____________________ Name and Title
____________________ Address and Phone	____________________ Address and Phone

Please check any of the following areas or fields in which you have experience and/or knowledge:

☐ Counseling skills
☐ Teaching
☐ Psychology
☐ Law
☐ Drugs/Medicine
☐ Recreation
☐ Other (please explain) ____________________________________

III. PERSONAL INFORMATION

What are your outside interests, hobbies, skills, knowledge, etc., which might be applicable or that you might be willing to share as a Y.E.S. volunteer? Please keep in mind that Y.E.S. periodically needs almost every type of skill from sewing to furniture moving to driving to whatever. If applicable, please describe what you can and would be willing to do:

____

____

____

Have you experienced a personal crisis within the last year or so? (This may be the breakup or loss of a serious relationship; a drug problem for yourself or a close relation, including alcohol problems; a serious depression; family problems, etc.)

Yes ____ No____

If yes was checked, do you consider the crisis resolved?

Yes ____ No____

If you do not consider your personal crisis resolved, please explain briefly:

Please check any of the following areas or issues with which you might be uncomfortable or unable to be objective about in a counseling situation:

☐ Homosexuality
☐ Abortion
☐ Sexual behavior
☐ Family conflicts
☐ Child and/or spouse abuse
☐ Religion
☐ Women's issues
☐ Parenting techniques
☐ Teen pregnancy
☐ Other ____________

Would you be interested in working days? ____ Yes ____ No If so, what hours are best for you (include day of week as well as time of day)?

IV. MISCELLANEOUS:

Is there any information that you would like Y.E.S. to have about you which has not been covered on this form? ____ Yes ____ No
If so, please write it here:

Do you have any comments about this form or its use by Y.E.S.? If so, please use the space provided below:

Screening Applications and Interviewing Potential Volunteers

Application Review

Review application forms and select all candidates that meet the basic requirements of the program. If you have too many possible applicants at this point, you can do a second review to choose those who appear to be the most qualified, according to your specific criteria. Always bear in mind the need to end up with a diverse group of potential volunteers.

Interviews

Set up half-hour interviews with each of the potential volunteers. It's best to have at least two people conduct the interviews, one staff member and one youth volunteer, if possible. Let the youth volunteer lead off the interview and take turns with the staff member asking questions. The Mendocino County Youth Project asks applicants in the interviews how they might handle not being chosen. This is an excellent way to help prepare youth for rejection in the event that they are not chosen to be a volunteer. Be sure to have developed a standard set of questions to ask each applicant so that information will be gathered consistently.

Evaluating Applicants

What are you looking for in a youth volunteer? Here are some qualities that are likely to be important in your peer program.

1. Openness to people who are "different."
2. Interest in becoming involved in the agency and/or the community.
3. Ability to discuss sensitive topics, such as sexuality, or interest in developing counseling skills.
4. Interest in public speaking, developing educational materials, or working with other youth (depending upon the program).

5. Willingness to adhere to the agency's policies.

6. Sensitivity to others' feelings or difficult experiences.

Sample Interview Procedure Forms

The following forms on pages 3-18 — 3-22 are Briarpatch's and the Mendocino County Youth Project's interview procedures. Review these and adapt them to meet your own needs. The Youth Emergency Service Volunteer Qualifications and Expectations list also follows. This list will give you some ideas for setting program expectations that can be discussed in an interview.

Briarpatch Peer Programs
Interview Procedure

Applicant's Name ________________________________

1. Review Volunteer Application.

2. Explain Briarpatch and the project (YPP, JAB, TRL) they've chosen. Include training dates/times.

3. Review the Briarpatch policies:
   a. No drugs/alcohol at Briarpatch or Briarpatch functions.
   b. No sexual behavior or violence at Briarpatch.
   c. No fraternizing with Briarpatch adult counselors.
   d. No harboring runaways.

**** *The last two are for TRL applicants only* ****

   e. Six month commitment; includes 2 two-hour shifts per week and a mandatory monthly meeting.
   f. Phone calls are confidential except among Teen Rappers and Briarpatch counselors and staff.

4. Look for these qualities or lack of these qualities: open-mindedness; sensitivity; responsibility; seriousness; common sense; ability to deal with the issues; good communication skills; openness.

5. Questions
   a. Why do you want to volunteer with (project)?
   b. What qualities or strengths would make you good at this?
   c. Do you think teenagers are able to use alcohol/drugs responsibly? Why or why not?
   d. If a good friend told you she was pregnant and asked for your help, how would you help her?
   e. In presentations or on the Line, we often deal with sensitive topics like sexuality, masturbation, etc. How do you feel about talking about these issues? Be honest.
   f. If a good friend told you she was gay, how would you react?
   g. Tell us about yourself. (examples: family, friends, school, etc.)
   h. When your life get really stressful, how do you deal with it?

Interviewer's comments: ________________________________

____

Interviewer's signature ________________________ Date __________

MENDOCINO YOUTH PROJECT
PEER COUNSELOR INTERVIEW SHEET

Note to interviewers: ***The same questions should be asked to everyone to ensure impartiality. The questions are clustered under roman numerals to correspond with the scoring sheet. Score boxes i-v, after each category has been answered. Score boxes vi and vii at the end (overall impression)***

I. (MOTIVATION)

- Why do you want to become a Peer Counselor? How did you hear about the program?
- Have you ever gone to a Peer Counselor or someone else for help with a problem? Why or why not?

II. (GOOD ROLE MODEL)

We are going to give you a series of typical peer counseling situations and ask you to consider how you would react:

- Suppose a student you were supposed to tutor kept missing his appointments to meet you in the Media Center. What would you do?
- Suppose you were matched with a second grader who had a "bad attitude" — who was obnoxious to you or pouted? What would you do?
- Suppose an unpopular student at the high school was continually put down or teased by your group? What would you do?
- What if a high school girl asked if she could talk to you about something personal and later your friends got curious and asked what you were doing with her?
- Peer counselors have the responsibility to be good role models. Do you agree or disagree?

III. (UNDERSTANDS THE PEER COUNSELING PROGRAM AND COMMITMENT INVOLVED)

- What qualities does a Peer Counselor need to have?
- Are you aware of the responsibilities of being a Peer Counselor? Please explain.
- What particular Peer Counseling activities or assignments interest you the most?

IV. (WILLINGNESS TO SELF-DISCLOSE)

- Please describe two strengths and one weakness of yours that you are aware of.

- What personal experiences have you had that might help you understand someone with a problem?

V. (TIME)

- What activities are you involved with in and out of school now or will be in the fall?
- How will you do your weekly hours of Peer Counseling service? When?

FINAL QUESTION - NO PARTICULAR CATEGORY:
THERE ARE MANY APPLICANTS FOR ONLY A FEW PEER COUNSELING SPOTS. IF YOU ARE NOT SELECTED FOR PEER COUNSELING THIS YEAR, HOW WILL YOU DEAL WITH IT?

Thank you for taking the time to apply for Peer Counseling. We will let you know of the final selection by ______________.

Good luck!

PEER COUNSELING INTERVIEW FORM

Interviewer:________________________________

Rank Key: 3=STRONG; 2=SOMEWHAT EVIDENT; 1=WEAK

CHARACTERISTICS TO EVALUATE:	Name	Name	Name
I. MOTIVATION (wants to help others, believes that p.c. works, believes in value of counseling, hopes to grow and learn, enjoys people, sharing feelings, perhaps considers a career in some kind of helping capacity)			
II. GOOD ROLE MODEL (seems fair, nonjudgmental, responsible, will follow through on outreach, mature, able to problem-solve, aware of importance of confidentiality)			
III. UNDERSTANDS PEER COUNSELING PROGRAM AND COMMITMENT			
IV. WILLINGNESS TO SELF-DISCLOSE			
V. HAS TIME (demonstrates commitment to school or community but is not too busy, has thought about how to fit Peer Counseling into schedule)			
VI. COMMUNICATION SKILLS (listens, responds appropriately to questions, conveys openness nonverbally)			
VII. PERSONALITY (no specific questions - interviewer needs to assess applicant's overall impression, i.e. is applicant friendly, energetic, open, non-judgmental, caring, sincere, honest?)			

TOTALS: *Using the ranking key above, mark "1"-"3" in each column. Add the total score for each applicant and divide each by 6.*

PLACE SCORES HERE:

YOUTH EMERGENCY SERVICE
VOLUNTEER QUALIFICATIONS AND EXPECTATIONS

QUALIFICATIONS

- All volunteers must be at least fourteen years old.
- All volunteers must successfully complete Y.E.S.'s basic training and any specialized training to perform specific tasks.
- Volunteers need to be flexible, open-minded, patient and nonjudgmental.
- Volunteers must have the ability to constructively confront inappropriate behavior.
- Volunteers must have the ability to separate a client's problems from own and leave personal issues at home.
- Volunteers must also have a SENSE OF HUMOR!!

EXPECTATIONS

- Volunteers must have an understanding and belief in the philosophy and policies of Youth Emergency Service.
- Volunteers must have the belief that adolescents can be responsible if given sufficient opportunity and guidance.
- Volunteers must also have a strong belief in the collective strength of the family unit.
- Volunteers must respect the rights of all clients.
- Volunteers must adhere to all rules of confidentiality.
- Volunteers must contribute to the overall maintenance of Y.E.S.'s facilities.
- Volunteers must have a belief in the importance of a partnership between youth and adults.
- Volunteers must be active for at least three consecutive months after graduation from training.
- Volunteers must attend all required supervision sessions and on-going training meetings. Failure to attend three mandatory group meetings will result in a reassessment of the volunteer's commitment.
- Volunteers are expected to maintain a record of time volunteered to the agency.
- Volunteers must conduct self appropriately as a representative of Y.E.S. in the community.

Notification of Acceptance or Rejection

After selecting your youth volunteers, notify all interviewed applicants by telephone or mail whether or not they have been selected to participate in the program. For those who have been selected, be sure to give them information on when and where the trainings will take place. Set up a time or procedure for them to sign a contract outlining the agency's policies, their commitment to volunteering "x" number of hours a week, and the consequences of not fulfilling the program's expectations, such as probation or termination from the program. Briarpatch sends a contract and training schedule to all new peer helpers — this and other examples follow on page 3-24.

For youth who are not accepted into the program, a letter and/or personal telephone call should be provided. In addition, these youth should be given information on other community programs in which they could get involved. Given that these youth are motivated and want to actively be part of their communities, it would be a terrible waste not to assist them. You may want to create a "wait list" or other ranking for very promising candidates who could fill in if other youth cannot participate or who could get priority consideration the following year.

BRIARPATCH PEER PROGRAMS
VOLUNTEER CONTRACT

I agree to abide by the following policies and procedures relating to my commitment as a volunteer at Briarpatch.

POLICIES

1. The minimum age of Peer Programs volunteers is thirteen and volunteers may remain until the August following graduation from high school.
2. Harboring a runaway is a violation of Briarpatch policy.
3. No drugs, alcohol, or weapons shall be brought into the agency, nor shall a volunteer be under the influence of such while at the agency.
4. No disruptive, sexual, or violent behavior shall be permitted.
5. Teen volunteers shall not fraternize (date/socialize) with adult counselors, and upon turning eighteen, volunteers shall not fraternize (date) with volunteers under the age of sixteen (age of consent).

PROCEDURES

___I will do ___ two-hour shifts on Teen Rap Line per week for six months. I shall arrive promptly at the beginning of my scheduled shift and leave promptly upon completion of my shift responsibility. In the event that I am unable to make my scheduled shift, I must let the Coordinator know ahead of time and it is my responsibility to find a replacement. I understand that one unexcused absence will result in my being put on probation. Two unexcused absences from shift over a four-week period will result in my dismissal from the Line. I will abide by the policy of two Rappers maximum per shift, unless all other shifts are filled.

___I will commit to an availability of one-to-three hours per week for six months for YPP activities. I understand that this may include additional training (i.e., public speaking, radio, etc.), and that lack of participation in this training may limit my role in YPP activities.

___I will participate in three hours of JABONGGIT rehearsal per week for six months. In addition, I will be available for ___ performances per month. I understand that regular attendance at rehearsals and performances is crucial to the maintenance of the group.

I agree to abide by the policies and procedures set down in this contract while at Briarpatch or while attending any Briarpatch-sponsored activities. Further, I absolve Briarpatch of any responsibility for my actions when not involved in Briarpatch or Briarpatch-sponsored functions. I understand that should I not adhere to this agreement, I may be terminated from Briarpatch. This contract will be reviewed/renewed upon completion of my six month commitment.

Peer Program Volunteer	Date	Youth Program Manager

BRIARPATCH PEER PROGRAMS
WINTER 1990 TRAINING SCHEDULE

When: Monday and Thursday evenings, 6-9 p.m.
February 19 - March 15 for YPP and JABONGGIT
February 19 - April 5 for TRL
GRADUATION for everyone is April 5!!

WHERE: Briarpatch, 512 E. Washington
(upstairs training room)

NOTES

PLEASE BE ON TIME! All training sessions will begin and end promptly! In the event of an emergency which may cause you to be late or absent, please call Mary Ellen at Briarpatch. If you need help making arrangements for transportation, let Mary Ellen know.

WELCOME TO BRIARPATCH AND PEER HELPING! We hope you enjoy your volunteer experience here. Please call or stop in to see Mary Ellen or Terry if you have questions or concerns.

IMPORTANT PHONE NUMBERS:
Briarpatch: 251-1126
Teen Rap Line: 255-0500
Mary Ellen (home): 767-3629

BE ON TIME!! **BE ON TIME!!** **BE ON TIME!!** **BE ON TIME!!**

February 19 Monday	Orientation, Introductions
February 22 Thursday	Getting to Know You
February 26 Monday	Sexuality
March 1 Thursday	Gay and Lesbian Youth
March 5 Monday	Sexual Assault Assertiveness
March 8 Thursday	Family Dynamics
March 12 Monday	Alcohol and Other Drug Abuse
March 15 Thursday	Suicide Prevention

March 19 Monday	Listening Skills
March 22 Thursday	Listening Skills Role Plays

Between Monday, March 26, and Thursday, April 5, you must do one 4-hour practice shift on Teen Rap Line!!

March 26 Monday	Handling Difficult Sexual Calls Roleplays
March 29 Thursday	Handling Suicide Calls Roleplays
April 2 Monday	Roleplays
April 5 Thursday	Evaluations (5:30 - 8 p.m.) GRADUATION! (8 - 9 p.m.)

Involving Parents

The more parents are involved in your youth program, the more successful the program will be. For example, if parents are actively involved, they can

- provide free expertise in program areas — for instance, if a parent is a graphic artist she may be willing to help train youth to design educational materials;
- provide excellent public relations for the program whether by word of mouth or through their involvement in other community organizations;
- share contacts within the community for in-kind donations or financial support; and
- provide transportation to and from trainings and other program events for youth volunteers.

On the other hand, if parents do not understand the program or do not support it, they can

- interfere with their son's/daughter's full participation in the program;
- create negative public opinion within the community;
- hinder son's/daughter's involvement indirectly by not providing transportation or by not attending parent orientation or other parent activities.

Parental Consent

Your agency will need to address whether or not to require parental permission for youth involved in the Youth-Reaching-Youth Program. Some agencies require parental-consent for liability purposes and to build parental support for the program. Some agencies are philosophically opposed to parental-consent forms because they believe asking for the parents' permission takes decision-making responsibility/authority away from the youth and weakens their stated commitment to youth participation.

The following parental-consent form is used at Briarpatch. Note that the form provides a lot of detail about the program and solicits the help of parents for specific activities.

BRIARPATCH, INC.
PEER PROGRAMS PARENTAL-CONSENT FORM

Briarpatch is a private, non-profit agency serving teens and their families in Dane County. Your son/daughter has expressed interest in becoming a volunteer with one of Briarpatch's three peer projects. Each project has its' own requirements in terms of training and time commitment. Following is a description of each project:

JABONGGIT (Just a Bunch of Ordinary Guys & Girls in Theatre) - JABONGGIT performs open-ended skits to help teens and adults explore the issues facing adolescents today. The skits are designed to be discussion starters; following each scene, facilitators help the audience process reactions to the skit and provide information on the content area. JABONGGIT members complete twenty hours of training prior to making a three-to-five hour per week commitment.

Youth Participation Project (YPP) - Through workshops, presentations, radio interviews, and art and writing projects, volunteers with YPP work with staff to provide community education on adolescent issues (sexuality, pregnancy, relationships, etc.). YPP volunteers complete twenty hours of training prior to making a one-to-three hour per week commitment.

Teen Rap Line (TRL) - Teen Rap Line is a peer help-line, located within Briarpatch, which is answered by trained teenage volunteers. TRL volunteers complete forty hours of training prior to making a six-month commitment to answering the phones four hours per week.

Training for all three projects covers basic helping and communication skills, as well as information on issues which concern teens (e.g. sexuality, alcohol/drug abuse, relationships with family and friends, etc.).

Briarpatch's peer programs help teens develop the interpersonal, coping, and support skills needed to help other teenagers cope with the stress and turmoil of adolescence. This process helps the volunteers develop their own sense of self-esteem and provides them with the opportunity to help others.

Because parental support is essential to your teenager's participation in this program, we ask that you spend a few moments answering the following questions.

1. Do you support your son's/daughter's decision to become a volunteer at Briarpatch? ____ Yes ____ No
2. Are you willing to help your son/daughter work out transportation to and from Briarpatch (e.g., use of car, bus, providing rides)?
   ____ Yes ____ No

3. After reading the program descriptions above, do you have any concerns about your son's/daughter's ability to make a commitment to the project they've chosen? ____ Yes ____ No If yes, please explain:

If you need any additional information on Briarpatch or Teen Rap Line please feel free to call the Youth Programs Manager at 251-1126 to discuss your questions.

I hereby give my son/daughter, ______________________________, permission to become a volunteer at Briarpatch.

____ ___________

Parent or Guardian Signature Date

____

Name (Please Print)

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Parents' Orientation

Conducting an orientation for parents is a great way to build their support of the program and to encourage their involvement in your agency. It is best to do an orientation either in the evenings or on the weekend since many parents work. When planning the orientation, be sensitive to the needs of the youth in the program. Some youth may not want their parents to be involved in the program at all. Be prepared for this reaction with several suggestions: offer to the youth the option of conducting the parents' orientation with or without the youth present or with the youth participating in conducting it. Also, be sure to explain to the youth why it is important to the agency to involve parents. In extreme cases, you should also be prepared to honor a youth volunteer's insistence that her parents not be called on when there are compelling reasons.

In the orientation you will want to communicate the goals and objectives of the program, talk about the kinds of things youth will be doing, give a tour of the agency facility, provide an overview of other agency programs, and lead a discussion on what it is like to be a parent today.

A suggested outline for parents' orientation follows:

Agenda for Parents' Orientation

1) Welcome parents and introduce staff and parents. (See step 2.)
2) Warm-up exercise: ask each parent to introduce him/herself by stating one of the things they like best about being a parent and one of things they like least about being a parent.
3) Overview of the purpose of the orientation: "To let you know where your son/daughter is on Tuesday and Thursday nights and who they are working with at the agency."
4) Overview of the program — its goals and objectives.
5) Parent roles: list ways that parents can get involved — pass around a sign-up sheet for specific activities or availability.
6) Agency tour.
7) Open forum for comments and questions.

Don't be surprised if only half or a quarter of the parents attend the orientation. Parents have numerous demands on their time, and events like these often compete with other responsibilities.

Ways that Parents Can Be Involved

Examine all your agency and program needs and develop a list of areas or activities in which parents can get involved or help out. For instance, parents could provide transportation for peer leaders to and from trainings, volunteer at the agency, donate clothing, food, or money, help with public relations, run a special fund-raising event, or serve on an advisory committee.

Mechanisms for Keeping Parents Informed

Be sure that the list of parents' names and addresses are added to the newsletter mailing list so parents are regularly informed and reminded of the work at your agency. In addition, periodic letters to the parents during the program should explain program progress and alert them to upcoming events. The more you can keep parents aware of the program, the greater support you can expect from them.

Training Tips

Create an Atmosphere of Openness and Trust

The training addresses some sensitive issues that may bring up difficult personal experiences for the youth participants. It is important for the participants to feel comfortable sharing their feelings openly, because the more the youth work through their own personal issues, the more effective they will be as volunteers.

Creating a "safe" environment for youth involves a variety of actions and behaviors on the part of the trainers. These include

- greeting each and every youth at the door before the training and saying good-bye to each and every one;
- using each youth's name as often as possible;
- waiting until youth have shared their opinion before sharing yours;
- using nonjudgmental language, refraining from judgmental comments, and discussing comments made within the group that are judgmental;
- allowing youth to pass if they do not feel comfortable participating in a particular discussion or activity;
- avoiding one-on-one discussions; if you do not agree with a youth and find yourself beginning a one-on-one debate, acknowledge the difference of opinions and ask others in the group to discuss their opinions;
- giving a lot of positive feedback;
- setting the tone with appropriate self-disclosure and clear boundaries;
- feeling comfortable saying, "I don't know, but I will find out for you;"
- stressing that it is okay not to know something and it is okay to try something new and not be perfect at it. Explain that this is called a "training" because everyone can learn and should learn new things.

Using Two Trainers

If possible, two people should staff the training. Because you will discuss difficult issues, such as sexual abuse, one trainer is always free to provide individual support to youth who become upset and need to leave the room. In addition, two trainers provide a wider range of styles that will enhance the training. When the group is divided into smaller groups, having two trainers will help meet facilitation needs.

Confidentiality

Confidentiality is a very important issue when training youth to work with other youth. As a trainer, it is vital that you are explicit about what will and will not be kept confidential in the training group. Your agency will need to examine its reporting procedure for issues mandated to be reported by your state law. The procedure needs to be amended to address how peer leaders should handle a situation in which a youth shares something that the peer leader is required by law to report. The peer leaders need to learn what type of information should be kept confidential and how to explain confidentiality issues to other youth.

Confidentiality in the Training Group

At the first session, the program coordinator should explain very clearly that everything stated during training will be kept confidential **except issues mandated by state law to be reported. Many state laws include any threat on someone's life, unreported sexual abuse/assault, and detailed information on a crime.** If the program coordinator fails to explain this to the group and a group member discloses information that is mandated by law to be reported, the program coordinator will be placed in an awkward situation. By explaining confidentiality rules up front, this situation can be avoided.

Confidentiality Among Youth and Peer Helpers, Counselors, and Leaders

Youth who serve as peer counselors, like adults, will need to uphold the state reporting law. Therefore the peer helpers, counselors, or leaders have to feel comfortable explaining this to other youth with whom they will be interacting and with reporting this type of information to a designated person. Your agency will need to determine, in accordance with state law and agency procedures, who that designated person will be.

Supervising Peer Leaders

The on-going supervision of youth is important for evaluating the quality of work done, providing feedback to the volunteers, encouraging personal growth and enhancing volunteer skills. It also helps to maintain standards of work by rewarding work well done and addressing work that is not up to program standards.

Supervision needs to be an active process. General feedback on the volunteers' participation can be provided through periodic individual meetings. Some agencies have a standard evaluation form in which both the youth and the adult evaluate each other's performance (if applicable) and others have informal discussions. Each program will have natural times (opportunities) for providing feedback to volunteers such as at the middle and end of the training, after the first month of volunteering, and then every three months following.

In many, if not most cases, the program coordinator will build strong relationships with volunteers who may begin to treat the coordinator as a personal therapist. Supervisors should be aware of the limitations of their role and refer volunteers with on-going personal problems to an appropriate, trained counselor.

Youth volunteers should always be supervised by an adult. Evaluation of the services by youth should be conducted on a regular basis and need to be designed specifically for each activity. Here are some ideas for supervising various activities:

> *Hotline, Telephones* - during the first three or four sessions, have an experienced youth or staff member observe the new volunteer's telephone calls and provide **constructive** criticism. Observations should be conducted every three months to ensure consistency and quality of information.
>
> *Skits, Theater Performances, Educational Presentations* - after each performance or presentation, the program coordinator should schedule at least thirty minutes to explore with the group what went well and what needed work. Time should be set aside on a regular basis for rehearsal to improve performances and presentations.
>
> *Counseling* - a youth should not be providing in-depth counseling to other youth without adult supervision. The Youth Emergency Service in St. Louis, Missouri, trains youth to counsel youth and trains adult volunteers to counsel adults. After each counseling session, the youth and adult volunteers write notes in their clients'

file. All volunteers should fill out a form that documents what happened during a counseling session and notes any followup needed. These forms should be reviewed by a staff member within one day.

Retaining Peer Leaders

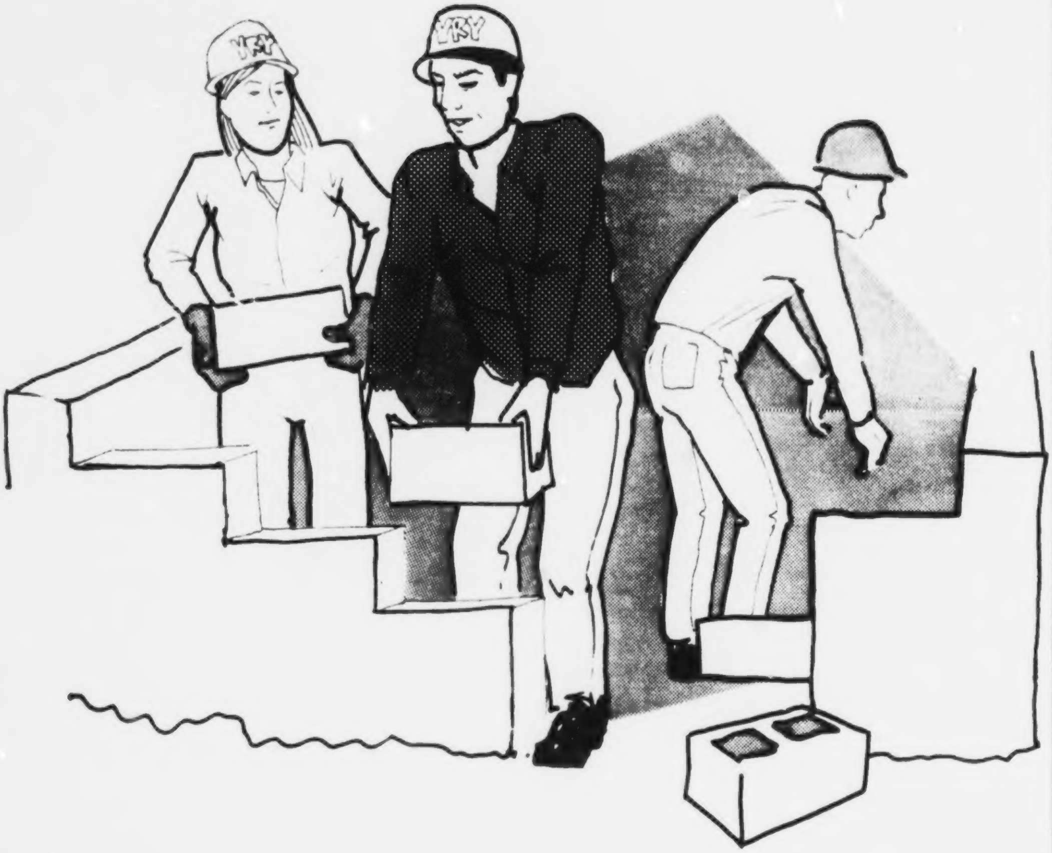
Keeping youth interested and involved in the program will be as challenging as recruiting, screening, and training them. The reasons youth get involved initially varies — to meet new friends, to help other people, to learn new skills — but the reasons youth keep coming and become committed to the program is usually for just two things: "It's fun" and "I feel like I am doing something that makes a difference."

Below is a list of ideas for maintaining a high level of youth participation.

Tips for Keeping Youth Involved and Productive

1) After the training is completed, reward youth with a party and certificates.
2) Build in special recognition to youth who have been volunteers for six months, one year, two years, and so on.
3) Organize something that is purely social every few months such as going ice-skating, to the movies, a play, or a party. Strong bonds between the youth will keep them committed to the group.
4) Keep meetings focused and with tangible outcomes. If youth show up and feel that nothing has happened or has been accomplished, they will begin to feel less motivated.
5) Make sure [illegible] youth are given responsibility in planning and running the meetings.
6) If you sense that the group's enthusiasm is waning, ask the group, "What's going on? How can things be improved?" Be sure to let the group change aspects of the program that they find ineffective.
7) Have regular meetings.
8) Make sure every youth has an updated telephone list of other youth in the group.
9) If possible, provide youth with a "space" all their own that they can arrange or decorate and in which they feel comfortable.
10) Write a simple "rap sheet" newsletter for the youth who meet infrequently to keep them informed of developments within the agency and among youth in the program.
11) Whenever possible go on field trips to visit other youth agencies or programs in the community.

IV
CORE TRAINING



IV. Core Training

The Core Training has been designed to give peer leaders essential knowledge and skills needed to provide effective alcohol- and other drug-use prevention activities to youth in high-risk situations. Although the training focuses on alcohol and other drug use prevention, it includes material on several related issues such as suicide, sexual behavior, and sexual abuse.

The Core Training begins with basic communication and listening skills: the building blocks for any peer program training. From there, you can move on to the specific training outlines for various types of alcohol- and other drug-use prevention activities, crisis intervention, one-to-one counseling, and educational drama and theater presentations.

How To Use This Chapter

The Core Training has been divided into fourteen three-hour sessions, but it can be adapted to the specific needs of any agency. Sessions can be shortened or lengthened and the order can be rearranged, if needed.

The description of each session includes an overall goal and special notes to the program coordinator. **Program coordinators should familiarize themselves with this information several days before the session and bring the appropriate materials mentioned to the training.** In addition, exercises in each session can be easily rearranged if you feel a different order would be more appropriate.

These training sessions provide a basic outline that should be adapted as needed. To prepare youth fully for their alcohol- and other drug-use prevention peer roles, your training should combine this Core Training with the more detailed and specific training that follows in Chapter V.

Room Set-up

Most programs don't have that much control over the space designated for training. If possible, however, request a room that has an informal and comfortable atmosphere. Avoid tables and chairs, which can make an atmosphere more formal and institutional. If allowed, invite the youth volunteers to decorate or paint the room to their liking. This will help the peer leaders feel ownership of their program and part of the agency.

Refreshments

Providing some refreshments at the training is a good idea. Nothing elaborate is necessary but food and drink of some kind helps keep energy up and basic needs met. The program coordinator can provide the snacks or ask the group to share the responsibility of bringing refreshments to each session. You may want to set a policy that food will not be ordered during a session as it breaks concentration and takes time.

Inviting Speakers from the Community

For many of the topics covered in the training, it is important that the peer leaders learn about existing resources in the community. One way to expose them to this information is to invite speakers from agencies with the appropriate expertise to a session. Hearing from authorities on sexual assault or suicide prevention, or alcohol and other drug abuse will improve the peer trainees' knowledge of resources and their comfort in referring friends to these agencies. Consider inviting some of the following to be part of your training:

- Staff from an adolescent health clinic
- Staff from the rape crisis center
- A young person infected with HIV or who has AIDS
- A young person recovering from addiction
- Staff of an adolescent alcohol- or other drug-treatment program
- A teenage mother/father
- An adolescent mental health specialist
- A young person who is gay or lesbian
- A young person of color to discuss her experiences

CORE TRAINING
Outline

	Topic	*Type of Session*
I.	*Program Orientation*	*Information*
II.	*Group Building*	*Interpersonal Skills*
III.	*Values/Family Dynamics*	*Information/ Communication Skills/ Attitudes*
IV.	*Communication Skills*	*Skills*
V.	*Communication and Listening Skills*	*Skills*
VI.	*Cultural Sensitivity*	*Skills/Information*
VII.	*Alcohol and Other Drugs*	*Information/ Resistance Skills*
VIII.	*Alcohol and Other Drugs*	*Information/ Resistance Skills*
IX.	*Alcohol and Other Drugs*	*Information/ Resistance Skills*
X.	*Sexuality/Gender*	*Information/ Communication Skills/ Attitudes*
XI.	*Dating and Decision-Making*	*Information*
XII.	*Sexually Transmitted Diseases*	*Information/ Communication/ Negotiation Skills*
XIII.	*Sexual Assault and Abuse*	*Information/ Attitudes/Skills*
XIV.	*Suicide Prevention*	*Intervention/ Information Skills*

SESSION I
Program Orientation

Goal: to explain the training to the peer leaders, to introduce the peer leaders to each other, and to establish a baseline of knowledge, attitudes, and behaviors among the peer leaders by conducting a pretest.

Outline		Time
I.	Welcome	15 min.
II.	Introductions	20 min.
III.	Training Overview	20 min.
IV.	Evaluation — Focus Group/Pretest	50 min.
V.	Break	10 min.
VI.	Establishing Group Expectations	25 min.
VII.	Challenge	10 min.
VIII.	Checkout	30 min.

Materials Needed

- Easel, newsprint, markers
- Attendance Sheet
- List of trainees
- Training outline, one for each trainee
- Folders for the trainees
- Contracts, two for each trainee, all signed by the program coordinator (See sample contract page 4-14)
- Challenge Report Forms, one for each trainee
- Refreshments
- Video camera and tapes or tape recorder and cassettes
- Index cards, approximately thirty and same number of pens/pencils
- Pretest Questionnaires

Special Notes to the Program Coordinator

At the first session it is important to establish a safe, friendly environment for the peer leaders to share information and to learn. It is also important to establish clear individual and group expectations for the Youth-Reaching-Youth program.

SESSION I

Program Orientation

I. Welcome to Youth-Reaching-Youth Program (15 minutes)

Directions for the program coordinator

- Welcome each peer trainee as she arrives.
- Introduce yourself and your role in the program and the training.
- If there is a co-trainer, introduces her.
- Give a brief overview of the agency so that peer trainees will understand how this program fits into the agency's overall program and services.

II. Introductions (20 minutes)

Directions for the program coordinator

- Distribute an index card and a pen/pencil to each peer trainee.
- Ask each person to write down three things or experiences they feel are important to who they are as a person (for example, "I grew up in Mexico until I was 10," "My favorite color is blue," "I love chocolate.") **AND** one thing that is not true about themselves. Ask the group to mix up the order in which these statements are written.
- After everyone has written down four things (three true, one false), ask one person to share her list with the group. Each person will read all four things, and the group will guess which item isn't true.
- Continue the game until everyone has had a chance to contribute.

III. Overview of the Training and Peer Program (20 minutes)

Directions for the program coordinator

- Explain the overall structure of the peer program and what roles the youth will take on in the agency after the training, (such as conducting presentations, being on the board of directors, planning programs, working on the hotline or peer counseling).

- Distribute a training outline to the youth and review the schedule and expectations for the group.
- Ask youth for their feedback on the training and explain to them that they should feel free to make suggestions at any time during the training.
- Explain any agency rules that youth need to follow. These may include where parking is permitted, when outside doors are locked, etc.
- If you want someone to bring refreshments to each meetings, explain how that will happen (for example, someone will volunteer at the end of each session to bring refreshments for the next session).
- Distribute the contract (see model following this session). (Another option is to distribute the contract to the peer trainees during the interview process, before the training begins, as discussed in Chapter III.)

As a group, read the contract together. Explain the rationale of each responsibility and how it relates to the success of the program. Discuss each responsibility and ask if anyone wants to add or change the form. If the majority believes it should be changed, adjust the contract and redistribute it at the next meeting.

Of course, if several youth want to change something because they don't or can't give the commitment necessary for a successful program, then changing the contract is not the answer. While the group needs to approve the form, you set the expectations that need to be met by the youth participants. These expectations should already have been articulated to the youth when they were interviewed for the program.

After the group approves the form, have each youth sign two copies. One copy is to be kept by the youth participant, the other should be filed with the agency.

IV. Evaluation — Focus Group and/or Pretest (50 minutes)

Directions for the program coordinator

(Reminder: In Chapter II, evaluation strategies for the Youth-Reaching-Youth Program are presented.) Depending on what evaluation method you have chosen, distribute a pretest questionnaire and/or lead a focus group discussion. If qualitative and quantitative data are both needed, the pretest questionnaire should be distributed and filled out before the focus group discussion. Remember to distribute the pretest questionnaire to a control group during the same week it is given to the peer trainees (see Chapter II for details).

The purpose of the pretest and/or the focus group discussion is to have youth evaluate their knowledge, attitudes, and skills as peer leaders/counselors prior to training (as described in Chapter II). The data gathered from the questionnaire and/or the focus group discussion will provide a baseline of information for you to compare with the posttest questionnaire and focus group discussion conducted at the end of the training.

Announce that the pretest is for program-evaluation purposes only. The peer trainees will not be given any score and, in fact, the persons who complete each pretests will remain unknown. Be sure to ask the group **not** to put their names on the questionnaire.

Conducting a focus group is similar to facilitating a group discussion, as discussed in Chapter II. It is important to

- ask open-ended questions;
- begin with broad questions, then ask more specific ones;
- not give your opinion or correct misinformation;
- encourage everyone to participate;
- keep the discussion on track; and
- keep the discussion moving.

If you are conducting a focus group, introduce the purpose of the focus group discussion to the group by saying, "You have just learned about the program and seen the training outline. Now I would like to explore your thoughts and feelings on some of the training sessions. This discussion will help me better understand your expectations of the program and will help evaluate the effectiveness of the training."

Questions for Discussion

You can use some of the same questions on page 2-21, Chapter II to guide the focus group discussion. Don't feel that all of these questions have to be asked, but be sure to explore at least half of them with the group. Try not to get sidetracked on one issue only; it will prevent you from fully evaluating the program.

V. Break (10 minutes)

VI. Establishing Group Expectations (25 minutes)[1]

Directions for the program coordinator

This activity will help the group get to know one another better and establish group expectations. Ask the youth to think of something personal about themselves, something that no one else knows or few people know, something they have thought or done. Once they have something in mind, have them close their eyes and imagine telling their experience to the group, how they would feel and what the group's reaction would be. Give them a couple of minutes for this, and then tell them that they don't have to share their secret. Ask them how they felt when they thought about sharing their experience? What do they need from this group before they feel safe sharing personal things?

Write the youth's responses to these questions on the newsprint. This will be your group's target goals or "norms" for behavior. Ask the group to agree to abide by these "norms" of the group. The following items will probably be on the list. If they are not, bring them up yourself as part of the group discussion:

Group Norms/Ground Rules

Confidentiality
Openness/Honesty
Respect
Right to "pass" on a question or exercise
One person speaking at a time
Support from each other
Starting/stopping on time

Save this list and post it on the wall for each session. Ask the group to help ensure that these ground rules are followed so that a safe environment exists in which every one can participate fully.

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[1] *Painter, C. 1989 .* Leading a friends helping friends peer program. *Minneapolis, MN: Educational Media Corporation.*

VII. Challenge (10 minutes)[1]

Directions for the program coordinator

Hand out Challenge Report Forms to the group. (See the form that follows this section.) Explain that challenges are assignments that require the trainees to put into practice in their own lives the skills and ideas discussed during the training. Explain that they will receive a challenge at the end of every training session to be completed between training sessions. Their written report on each challenge should include what they did, how they felt, others' reactions, and what they learned as a result of doing the challenge. Explain the procedure for collecting challenge report forms — they will be collected at the beginning of each session. At the end of the training, all reports will be returned to the youth. Emphasize that these challenges are to help them learn. If, for some reason, they forget or run out of time or whatever, it will not count against them in any way. Give them the following challenge, and read it aloud as they follow along.

Challenge:

As peer leaders/helpers/counselors, you are in the business of making a difference for others. Before the next training session, talk to one person who is alone or who is not being included in an activity going on around them. Try to make them feel comfortable and part of the activity.

Have them write this challenge on their report form. Answer any questions. If they generally do not feel comfortable writing, tell them they will be expected to verbally report their experience at the next training session.

VIII. Checkout (30 minutes)[2]

Explain that at the end of every training session, there will be time left to discuss how people felt about the training or anything significant that might be going on in their lives. Each person should have an opportunity to talk if they want and should not be interrupted. If someone does not want to discuss anything, she is free to pass.

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[1] *Painter, C. 1989 .* Leading a friends helping friends peer program. *Minneapolis, MN: Educational Media Corporation.*

[2] *Briarpatch, Inc. (1990). Unpublished peer training curriculum. Madison, WI.*

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Challenge Report Form[1]

Name:

Challenge:

What I Did:

How I Felt:

Other People's Reactions:

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[1] *Painter, C. 1989.* Leading a friends helping friends peer program. *Minneapolis, MN: Educational Media Corporation. p. 99.*

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PEER LEADER/HELPER/COUNSELOR CONTRACT

I, ______________________, will abide by the following policies and procedures relating to my commitment and training as a peer leader/helper/counselor.

I ___________________ :

- will attend every meeting unless I am sick or an extreme emergency occurs. In either of those situations, I will call and notify the program coordinator that I will not be attending;
- will be on time for each meeting and bring the materials needed;
- will not bring any alcohol or other drugs, or weapons into the agency, nor shall I be under the influence of alcohol or other drugs while at the agency;
- will not engage in disruptive, sexual, or violent behavior at the agency;
- will not fraternize (date/socialize) with adult counselors, and upon turning 18, shall not fraternize with (date) peer leaders under 16, (the age of consent for Wisconsin); (You will need to check the age of consent in your state);
- will discuss with the program coordinator any problems, concerns, suggestions, or questions about the program;
- will learn with an open mind and respect the ideas of others, even if they are different from my own;
- will upon completion of the training participate as a ______________, for ________ hours a week. In the event that I am unable to make my scheduled commitment, I must let the program coordinator know at least 24 hours ahead of time, and it is my responsibility to find a replacement; and
- will abide by the policies and procedures set down in this contract while a peer leader or while attending any peer leader/agency-sponsored activities.

The program coordinator agrees to the following:

- to be on time for each session;
- to ensure that the training is comprehensive and appropriate for the needs of the peer leaders;
- to evaluate the readiness of each peer leader to take on her specific role and, if necessary, terminate peer leaders who do not adhere to the agreed-upon commitments.
- to not to fraternize with (date) peer leaders;
- to not to engage in disruptive, sexual, or violent behavior at the agency;
- to discuss with the peer leaders any problems, concerns, suggestions, or questions about the program; and
- to learn with an open mind and respect the ideas of others, even if they are different from my own.

I agree to the above conditions:

____________________________	____________________________
Peer Leader, Date	Program Coordinator, Date

Attendance Sheet

Name	Session #	Session #	Session #	Session #
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

SESSION II
Group Building

Goal: to begin to understand group dynamics, stereotyping of individuals and to define the role of a peer leader/helper/counselor.

Outline		Time
I.	Reports on Challenges	20 min.
II.	What is a Peer Leader/Helper/Counselor	25 min.
III.	Labels are for Cans - Activity	30 min.
IV.	Break	10 min.
V.	How to Facilitate/Group Process Role-Play	45 min.
VI.	Challenge	10 min.
VII.	Checkout	40 min.

Materials Needed

- Easel, Newsprint, Markers
- Contracts, if revised from session one
- Attendance Sheet
- Six label Headbands (see description of activity): labelled: "Agree with me," "Disagree with me," "Ignore me," "Ridicule Everything I Say," "Be Confused by what I say," "Ask my opinion"
- Challenge Report Forms
- Group Process Activity - specific roles written out on index cards
- Refreshments

Special Notes to the Program Coordinator

This session will help youth begin to break down stereotypes and to understand what it means to be a facilitator. As the trainer, it will be important for you to model excellent facilitation skills during this session and to point out certain group dynamics as they happen within the group. For example, if one person interrupts another or if two people get into a disagreement and dominate a discussion, ask the group to describe the dynamics. Learning how to become an effective facilitator is difficult for adults as well as youth. This skill will be developed throughout the training.

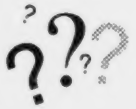
SESSION II
Group Building

I. Reports on Challenges/Old Business (20 minutes)

Directions for the program coordinator

Welcome everyone and ask who has completed the challenge from last session. Ask trainees to share their experiences.

Questions for discussion



- *Was anyone successful in helping another person feel part of a group or included in activities? Was anyone unsuccessful?*
- *What happened?*
- *How did you feel?*
- *What approaches work and don't work in helping someone feel like part of a group?*

II. What Is a Peer Leader/Helper/Counselor (25 minutes)

Directions for the program coordinator

Ask the group to brainstorm on what a peer leader/counselor/helper does. Explain to the group what the process of brainstorming means (everyone will share ideas without any criticism within the group — one person will share at a time). Ask one person to record all ideas on the newsprint as each idea is stated out loud. After five minutes of listing ideas, ask one person in the group to sum up the list with a short definition of the group's main ideas. Then, repeat the process, but this time list what a peer leader does **not** do.

Here is an example of these two lists:

Peer Leader/Helper/Counselor Does[1]

- Facilitate ("make easy") trust, openness, comfort, empathy
- Accept people as they are
- Listen, clarify, help people see alternatives for decision making
- Give support and encouragement to take positive action
- Validate people without being phony
- Respect confidentiality
- Realize that not all problems can be solved and not all people want to be helped
- Refer extremely troubled youth to a professional person: counselor, psychologist, community agency

Peer Leader/Helper/Counselor Does Not[2]

- Dominate, preach, tell people what to do
- Judge people, try to change them
- Give advice, offer solutions
- "Rescue," do for a person what she should do independently
- Put people down or ridicule
- Gossip about what was said in group or counseling sessions
- Expect all problems to be resolved quickly and easily
- Attempt to provide services beyond what she is qualified to provide
- The lists created by your group should be typed up and a copy given to the youth to have for ongoing reference.

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[1] *The Youth Project. 1990. Information from Youth Empowerment Seminar. Ukiah, CA.*

[2] *Ibid*

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III. "Labels Are for Cans" - Activity (30 minutes)[1]

Directions for the program coordinator

Be sure you have the "label headbands" prepared (see materials needed). Introduce this activity by saying, "We're going to look at the way we limit ourselves and others by labeling people." Ask for six volunteers. Without letting the youth read the headbands, place one label headband on each volunteer's head. Have the six labeled youth sit in the center of the circle of chairs and tell them that they will be discussing a topic to be disclosed shortly. Explain that the way they respond to the others in the group should reflect the labels each wears and not what individuals say.

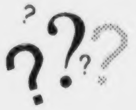
The labels are "agree with me," "disagree with me," "ignore me," "ridicule everything I say," "be confused by what I say," and "ask my opinion." If you wish to address specific stereotypes, you can create your own labels. For example, labels such as African-American, Latino, White, Asian-American could be used to illustrate cultural stereotyping. These labels can be written on hand-made headbands (made out of cardboard or other stiff material).

The first topic for discussion is:

> *"Should all adolescents, up to the legal age of drinking, abstain from any use of alcohol? If yes, how should this policy be enforced?"*

Read the topic out loud twice to the group. Remind the volunteers to respond to the labels and not to what each person is saying. Ask the rest of the group to observe how the volunteers respond to each other. Let the volunteers discuss the topic for five to ten minutes, and then have each volunteer try to guess what label she was wearing. Then ask the group to share their observations.

Questions to ask the peer leaders



How did it feet to be labeled?

Have they every felt that they have been labeled before? When?

Have they ever labeled someone? Explain how?

Could anyone observing the role-play understand who was being labeled? How?

How can you begin to stop labeling people?

What effect does labeling someone have on a discussion?

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[1] *Painter, C. 1989.* Friends helping friends. *Minneapolis, MN: Educational Media Corporation.*

Points to emphasize

All of us give off a certain impression, parts of which we have chosen for ourselves and parts that have been identified by family, peers or teachers. Labels we give ourselves and labels we get from others may be different. Ask the youth to think about how they may have labeled someone or how they may have accepted a label that was placed on them long ago.

IV. Break (10 minutes)

V. How to Facilitate/Group Process Role-play (45 minutes)

Directions for the program coordinator

This will build on the labeling exercise. Begin by asking the group to think again about the "labeled" discussion. Ask the group how a good facilitator could help a group overcome labeling or prejudices during such a discussion. Ask the group to list the qualities of a good facilitator, then discuss the techniques a facilitator would need to use to accomplish the goals on the list. Stress that becoming an effective facilitator is a lifelong process that takes practice and patience, but that it is a set of skills that the peer leaders will use throughout their lives. Here is what such a list might look like:

Good Facilitator Will	How
Keep group on track	Remind the group of the topic
Ensure one person speaks at a time	Stop interruptions
Listen to the needs of the group	Be willing to change the agenda at the group's request
Clarify when the group seems to be confused	Summarize
Ensure that all group members are given an opportunity to participate in the group activity	Encourage everyone to speak up
Identify common ground between group members	Summarize and emphasize areas on which group members agree

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Group Process Role-Play

Directions to the program coordinator

To illustrate good facilitation techniques, introduce a new role-play situation. This role-play will explore how to keep a group on task and how to diffuse negative dynamics. In almost all groups there is usually one scapegoat, one talkative person, one quiet person. Ask for six volunteers. Give each volunteer **secretly** one of the following roles:

1) *"Facilitator" - You must keep the group focused on choosing a topic for an essay contest sponsored by this agency. You are looking for the best topic with the widest appeal.*

2) *"Rob" - You don't like the idea of doing an essay contest and think the agency should sponsor a rap contest. If you don't get your way, you pout.*

3) *"Martha" - Your younger sister just got pregnant. You think the essay contest should focus on how the lack of religious morals among teens is leading to many problems including teen pregnancy. You are very strong-minded and talkative.*

4) *"Robert" - You don't really care. An essay contest is fine with you, as long as you don't have to do any work involved with it. You are cooperative unless you have to do work.*

5) *"Lisa" - You feel drugs are ruining this country and all your friends. You want drugs to be the essay contest focus and will not let any other person get in your way.*

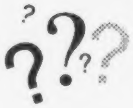
6) *"Jose" - You feel fairly strongly that the essay contest should focus on suicide, but if someone disagrees with you, it's okay. You are a peacemaker.*

After giving the volunteers their specific roles, set the stage by announcing to the whole group: "This is a group of peer leaders, like yourself, that decided one meeting ago to focus on conducting an essay contest. This meeting is to determine what the topic of that essay contest should be."

Tell the volunteers to begin their role-playing meeting. Ask the group to observe the volunteers closely. What roles are they playing? Who is leading the discussion?

Let them act out the role play for about three to five minutes or until you feel that there is enough material to discuss.

Discussion questions for the group



- *Who was the facilitator? How could you tell?*
- *What personalities were involved?*
- *What techniques did the facilitator use to help keep the group on track?*
- *What worked? What didn't work? Why?*
- *Did everyone participate?*
- *Were some group members difficult to work with?*
- *Can you identify any roles you usually take on in a group?*

Points to stress

Throughout the training, youth should observe group dynamics and practice playing facilitator if they see that someone hasn't contributed but wants to. Suggest to them that if they want to make a point so bad that they can't hear what someone else is saying, write it down. A great facilitator will try to follow group expectations and help the group meet its objectives for each session.

VI. Challenge (10 minuntes)

Hand out Challenge Report Forms for this week's challenge:

> *Identify someone in your life you have "labeled" negatively. Approach that person with respect and acceptance. Observe their reaction.*

Make sure everyone understands the challenge and what to do with the report.

VII. Checkout (40 minutes)

SESSION III
Values/Family Dynamics

Goal: to better understand the roles one takes in the family, one's value system and how it relates to one's family, culture and religion.

Outline	Time
I. Reports on Challenges	20 min.
II. What is the family?	60 min.
III. Break	10 min.
IV. Values Clarification	45 min.
V. Challenge	10 min.
VI. Checkout	35 min.

Materials Needed

- Newsprint, easel, markers
- Challenge Report Forms
- Attendance Sheet
- Refreshments
- M & M's - 2 lbs
- Four signs labeled "Strongly Agree," "Agree," "Disagree," and "Strongly/Disagree"

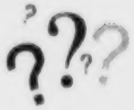
Special Notes to the Program Coordinator

This session explores the variety of different family structures and personal values. Peer trainees should learn how they have developed their own values and that all families are not alike. During this session, remind youth that as peer leaders, educators, and counselors they need to respect others different from themselves and avoid being judgmental. During this session it is especially important for the trainer to model nonjudgmental behavior.

SESSION III
Values/Family Dynamics

I. Reports on Challenges (20 minutes)

Questions for discussion



- *Who did you approach? Why?*
- *What was her reaction?*
- *How was your behavior different?*
- *How did you feel?*
- *Did you learn anything?*

II. What is the family? (60 minutes)

Directions for the program coordinator

Explain to the group the purpose of this session by presenting a summary of the following. During this session we will explore how families operate, in general, and how they contribute to the development of our own values. Even if we don't agree with what our family believes, families are the initial and primary source of learning how to think about the world. Further explain that for peer leaders it is important to understand several issues related to families:

- how each of our families has influenced the way we think;
- the many different types of family structures; and
- how problems that occur (suicide attempts, addiction, dropping out of school) affect the entire family network.

Within the last twenty to thirty years there has been a change in the American family structure. This change, a result of factors such as increasing numbers of women in the work force and increased divorces and remarriages, has led to a wider variety of accepted family structures.

After introducing this activity, provide each person with a blank piece of paper, a pen, and M & M's (or other similar objects) to make a diagram of her family. State that each person should define her family however she feels comfortable and that no one should feel constrained by the conventional definition of family. The diagram can be made up of circles, lines, or boxes to emphasize relationships within the family, for example, if a peer trainer is very close to her aunt she could draw a circle around her aunt and herself. Each person uses whatever format she wants to portray her family structure and dynamics, but each person should use the same color scheme.

Write out on newsprint for everyone to see the following color scheme for representing certain family members:

Brown — father figure

Yellow — mother figure

Orange — all other males

Green — all other females

Red — self

Note that family members can include blood and non-blood members, friends, aunts, uncles, step-mothers, fathers, guardians, friends, and cousins. Also note that just because people live under one roof doesn't mean that they are truly considered "family."

After everyone has completed her own diagram, ask for one volunteer to explain hers. As each person is giving an explanation, emphasize how each family structure is different yet, in most cases, provides a similar function.

After everyone who wants to has spoken, ask the group to brainstorm on a definition of family that includes all the structures that have been described within the group.

Example: Definition of the Family

A family is a group of people who love and support each other over the course of each other's lifetime. A family can be bound by biological ties but it does not have to be defined by them.

After the group is finished with the exercise, everyone can eat the M&M's.

III. Break (10 minutes)

IV. Values Clarification (45 minutes)

Directions for the program coordinator

Prepare four large signs with either "Strongly Agree," "Agree," "Disagree," and "Strongly Disagree" on each and place them on four different walls in the room. Introduce the exercise by saying something like this, "We all have beliefs about a variety of issues. A "value" is a strongly held principle or standard that serves as a building block of someone's beliefs. For example, one could value education, friendships, or staying drug-free. This exercise will help each of us better understand how we feel about broad issues such as sexuality, gender roles, and HIV/AIDS. I will read off a series of statements and ask each of you to stand by the sign in the room that reflects how you feel about the particular statement.

Value Statements

Females should always pay for themselves on a date.

You should have a sexual relationship only with someone you love.

Parents have a right to know if their son/daughter is experimenting with alcohol or other drugs.

Teenagers should not have sexual intercourse.

Parents should be notified if their daughter is going to have an abortion.

Parents should be notified if their son impregnates someone.

Females who carry condoms are sensible and caring.

It is important to volunteer in the community.

People who are infected with HIV (Human Immunodeficiency Virus) are at fault for getting infected.

Parents have a right to tell their children how to conduct their lives.

Females who carry condoms are sluts.

Males should not cry or express their feelings in public.

People who attempt to commit suicide are not strong.

It's okay to get drunk, as long as you don't drive.

Condoms should be distributed in schools.

Males who carry condoms just want to have sex with anyone.

Elders should always be respected.

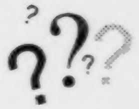
Parents are always right and behave perfectly.

People who are racist are ignorant.

Youth who engage in sex for money or food are immoral.

After someone reaches 18, their parents should have no influence over that their life.

Questions for exploring each statement



- *How do you feel about this statement?*
- *Would members of your family feel the same way? Differently?*
- *Do you know from where or how you came to believe what you believe?*

Points to stress

Peer leaders will be meeting lots of people who are different from themselves and have different values. It is important to respect those values, even if different from one's own. Values can also change over time and under different circumstances. Explore how religion, culture, age, race, and sex influence our value system.

V. Challenge (10 minutes)

Discuss a value that is very important to you with someone in your family. Do they have the same or different value as you?

VI. Checkout (35 minutes)

SESSION IV
Communication Skills

Goal: to enhance verbal and nonverbal communication skills.

Outline		Time
I.	Report on Challenges	5 min.
II.	Body Language Role-Play	40 min.
III.	Confrontational Skills	40 min.
IV.	Break	10 min.
V.	Role-Play	45 min.
VI.	Challenge	10 min.
VII.	Checkout	30 min.

Materials Needed

- Index cards with a different emotion written on each one (for example, anger, guilt, scared, excited, disappointed, anxious, ecstatic, depressed, bored, interested, lonely, sad, content, embarrassed), enough so each person in the group has one card.
- Attendance sheet
- Refreshments
- Challenge Report Forms

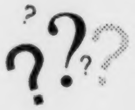
Special Notes to the Program Coordinator

This session will help peer trainees begin developing important communication skills. During the session it is important to stress that some of these communication mechanisms will feel strange and uncomfortable, at first, but over time they will become more natural.

SESSION IV
Communication Skills

I. Report on Challenges (5 minutes)

Questions for discussion



- *With whom did you share a value?*
- *What was her reaction?*
- *How did you feel? Was there good communication between you and the other person?*

II. Body Language Role-Play [1](40 minutes)

Directions for the program coordinator

Begin this exercise by telling youth, "We often speak with our bodies as well as with our voices. For instance, when someone gets mad, what happens to her face? It turns red or may be very pale. When someone is hurt emotionally how does their body react? They may not make eye contact but will physically move away from you."

"During this exercise, each person will be given an emotion to act out silently. The rest of the group will have to guess what emotion that person is communicating." Pass out an index card with an emotion written on it to each participant. Give everyone a few minutes to think about how to present their emotion. Ask someone to volunteer to be first.

Points to stress

When working as a peer leader, youth may need to "read" a group or a person according to their body language in addition to what they say. Tell youth to watch if body language matches words. Body language will help them better understand what is actually being communicated. They should also pay attention to their own body language. If they feel uncomfortable in front of a group, what do they do: fidget, talk quickly, talk softly? By becoming aware of their body language, they will be better able to understand others' reactions to a particular situation. When reading body language, it is important to realize that some body language could mean several things. For example, if someone has their arms crossed in front of themselves, it could mean that they are angry or frustrated, or just cold. Remind the youth that body language is only one part of communication: they should not ignore other signals (like words) just because of what they've learned about nonverbal communication.

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[1] *Center for Population Options. 1985.* Life planning education: A youth development program. *Washington, D.C.*

III. Confrontational Skills (40 minutes)

Directions for the program coordinator

Begin this exercise by saying, "Despite the fact that we are all **nearly** perfect people, we all come across conflict in our relationships with our parents, with our friends, with our acquaintances."

Pass out an index card to everyone in the group and ask each person to write down a current situation going on in her life in which she feels the need to confront someone but hasn't done it yet. Ask that no names be put down, only a few descriptions to help understand the situation. For example: a teenager wants to confront her mother about setting an early curfew, or a friend wants to confront another friend about her drinking habit. Collect the index cards and state that you will be using them later.

Ask the group to describe what confrontation means to them. Out of the exchange, develop a group definition and write it on newsprint for everyone to see.

EXAMPLE: Confrontation[1]

According to Carol Painter, "Confrontation is a blending of assertiveness principles with an understanding of the importance of timing and commitment. Confrontation occurs in all healthy relationships and is the test of the relationship. Even though confrontation does tend to unsettle things for a while, the relationship that endures and emerges has an added depth. One of the fastest ways to recognize a relationship in trouble is to see no one cares enough or has courage enough to deal with any issues that could lead to disagreement. Growth is the sign of life, and anything not growing is dying."

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[1] *Painter, C. 1989* Friends helping friends: A manual for peer counselors. *Minneapolis, MN: Educational Media Corporation. p. 63.*

Points for the program coordinator to emphasize with the group

Before you confront someone about a difficult topic, think about:

1) When to do it. Pick a time when there will be no other distractions or pressures.

2) How to do it. Use "I" statements: "When you did this, I felt ___________." Don't use "why" or interrupt when the other person is speaking. It is important to listen to what the other person has to say. Explain to the group that because most people have different values and perspectives, it is important to speak with "I" statements instead of generalities.

"I am worried about young people living on the streets" not "Everyone is flipped out about kids living on the streets."

"I" messages are a nonjudgmental means of communicating that focuses on behavior, feelings, or values. When you use an "I" message, you take responsibility for your feelings and avoid blame and defensiveness. You also allow for the possibility that others have a difference of opinion.

3) Know what you want to say and what you want to happen as a result of your confrontation. Practice, if you need to, before you talk with the person. Be very clear about how you feel and exactly what points you want to get across.

4) Be willing to reach a mutually acceptable solution and to work to make it happen.

5) Understand and accept that people do not always act rationally and fairly and that you cannot change them.

Directions for the program coordinator on the role-play

Put all the index cards into a container and ask for two volunteers. One volunteer pulls out an index card and reads the situation out loud. Ask the two to act out the situation as one person confronts the other with her frustration.

After each role-play, compare the acted-out confrontation to how the "perfect" confrontation would have happened according to the methods you discussed.

Process questions

- *What worked?*
- *What didn't?*
- *Did the confronter use "I" messages?*
- *Was each person willing to go half way?*
- *What approach would have worked better?*

Continue role-playing the situations on the index cards until it is time for a break, then begin again. After you have done several role-plays, ask if anyone wants to act out the situation they wrote down. If no one wants to, then just continue with volunteers.

IV. Break (10 minutes)

V. Role-Plays (45 minutes)

Continue the role-plays on the index cards.

VI. Challenge (10 minutes)

Confront someone you have been meaning to confront for a while. Before confronting that person, review all the steps discussed today.

VII. Checkout (30 minutes)

SESSION V
Communication and Listening Skills

Goal: to enhance active listen, including reflecting what another person has said.

Outline		Time
I.	Report on Challenges	10 min.
II.	Attending and Empathy Skills	60 min.
III.	Break	10 min.
IV.	Asking Questions	60 min.
V.	Challenge	10 min.
VI.	Checkout	30 min.

Materials Needed

- Index Cards
- Attendance Sheet
- Paper and pen for each participant
- Challenge Report Forms

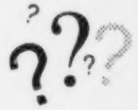
Special Notes to the Program Coordinator

Like the communication session, this session will help the peer trainees to develop skills that will feel very strange at first. These skills will be developed and refined throughout their lives.

SESSION V
Communication and Listening Skills

I. Report on Challenges (10 minutes)

Questions for discussion



- *Who did you confront?*
- *How did you first approach the person to discuss the issue?*
- *How did the person respond to you?*
- *What made it more difficult or easier than other times when you have discussed difficult issues with this person?*

II. Listening Skills — Attending and Empathy (60 minutes)

Directions for the program coordinator

Introduce the topic by explaining that we all probably think of ourselves as good listeners; that's why we are here. However, we can probably all improve our listening skills.

Ask each person to take out a piece of paper. When you give a signal, have them write three times, as fast as they can, "I am working to be the best peer leader I can be." When they are finished, have them switch hands and do it again.

Then discuss the activity — what made the two parts different? Practice. Explain that when you are not used to doing something one way, it takes practice before the new skill feels natural.

Explain to the group that the next exercise will have them practice two new skills — attending and providing empathy. Define these two terms to the group.

Attending

What is attending? It is a word to describe actions that let you know if someone is listening to you as you talk.

Examples:

1) Eye Contact
2) Body Language - facing the person talking; nodding one's head.

Empathy

What is empathy? It is letting people know that you understand how they feel.

Example:

Problem - *"I've been standing in line for three hours and I have a million things to do."*

Response - *"It's frustrating to spend so much time waiting in line when you have other commitments."*

Ask the group to break into subgroups of five. Have each group sit sideways in a circle, so that everyone is facing someone else's back. Ask each person to think of an experience that left them with lots of feelings — anger, frustration, nervousness, happiness. Then ask one person in the group to turn around to the person behind her and describe the experience she thought of. The other person should be listening actively and practicing her attending skills. After the person has finished telling her story, the listener should summarize what the first person said. The person sharing the experience should clarify any points that were misunderstood and state how she felt when describing the experience. Did the speaker feel listened to and understood?

The listener in the last exchange should then turn around and tell the person in back of her an experience. Repeat the exercise described above. Continue around the circle until everyone has had a chance both to practice empathy and attending skills and to share an experience.

III. Break (10 minutes)

IV. Asking Questions (60 minutes)

Directions for the program coordinator

One of the roles of a peer counselor will be to facilitate discussions. This involves the ability to ask appropriate questions. Learning how to ask open-ended questions will allow youth to develop deeper relationships with those they work with and help them lead stimulating discussions. Open-ended questions encourage detailed responses. Closed-ended questions, such as "Did you like the movie?" invite a "yes" or "no" response. They may have a purpose, such as gathering information, but they do not help to explore an issue in depth. An example of an open-ended question would be, "What did you think about the movie?" There are times when you will want to ask a closed-ended question and times when you will want to ask an open-ended question.

Open-ended Questions[1]

Open-ended questions help gain a deeper understanding of what is being said. They include questions such as:

- *How important is that to you?*
- *What is another choice you have?*
- *How did you feel when that happened?*
- *What did you do when he or she did that?*
- *What are your reasons for saying that?*
- *What would you like to have happen?*
- *What is an example?*
- *What would happen if you did that?*
- *Can you tell me what you mean by that?*

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[1] *Painter, C. 1989.* Friends helping friends: A manual for peer counselors. *p. 44*

Closed-ended Questions

Close-ended questions give a "yes" or "no" response. They include questions such as:

- *Did you enter the hospital yesterday?*
- *Did you drink before you got into the car?*
- *Do you drink often?*
- *Do you like your doctor?*
- *Do you like hospital food?*

Directions for the program coordinator on the role-play activity

Ask one person in the group to volunteer to tell about an experience that happened to her. The group will then ask questions about the experience, first asking open-ended questions to practice their new skill, then asking close-ended questions. After one person has volunteered, have several more youth do the same so that the group feels clear on asking open-ended and close-ended questions or until the group gets restless and signals it is time to move on.

V. Challenge (10 minutes)

Practice your new active listening skills with a friend. Ask your friend if you have adequately summarized her feelings about a particular situation.

VI. Checkout (30 minutes)

SESSION VI
Cultural Sensitivity

Goal: to increase awareness of individual cultural beliefs and values and to promote the value and strength of cultural diversity.

Outline

	Outline	Time
I.	Report on Challenges	15 min.
II.	Definitions	20 min.
III.	Meeting Someone Different	30 min.
IV.	Break	10 min.
V.	Open Communication	20 min.
VI.	Cultural Roots Activity	40 min.
VII.	Challenge	10 min.
VIII.	Checkout	35 min.

Materials Needed

- Newsprint, markers - one for everyone, if possible
- Written definitions on index cards, see Exercise II "Definitions"
- Challenge Report Forms
- Attendance Sheet

Special Notes to the Program Coordinator

This session will help peer trainees examine their own cultural heritage and begin to understand how they make assumptions about others. The last exercise is designed to end on a positive note.

SESSION VI
Cultural Sensitivity

I. Report on Challenges (15 minutes)

Questions for discussion

- *How did it feel to summarize a friend's feelings?*
- *Did you also find yourself giving advice?*
- *How did your friend feel about it your summary?*

II. Definitions of Culture, Race, Prejudice and Discrimination (20 minutes)

Directions for the program coordinator

Begin this session by emphasizing that peer trainees need to feel comfortable and confident working with people from different backgrounds. This may also mean feeling comfortable working as a group of peer leaders (if the group is cultural diverse): they may need to address differences among their own cultures in order to communicate better with each other and build a strong team.

To begin addressing how to work with people different from oneself, the first step is to define several terms. Ask for four volunteers to act out a definition. Give each volunteer an index card with one of the four terms written out with its definition (see below). The volunteer is asked to describe the term, and the group will guess what the term is. For example, if the term is "prejudice," a volunteer could say, "I influence people to dislike other people that they don't even know. I can cause big problems with communication, building trust and working as a team. Wars have been fought because of me. Who am I?"

After the group has guessed what term the volunteer is acting out, lead a short discussion about the term by asking some open-ended questions such as, "What does the term mean to you personally? How is it part of your lives? How does it affect the group of peer leaders?" Ask the peer trainees to think of one or two population groups that are of the same race, but not the same culture.

Terms (adapted from Random House Dictionary)

Culture - A complex system of beliefs and traditions that includes religion, family structure, food, language, communication styles, music, and art.

Race - A division of the human species characterized by a more or less distinctive combination of physical traits that are transmitted in descent.

Prejudice - An unfavorable opinion formed beforehand or without knowledge; hatred or dislike directed against a racial, religious, or national group or other distinctive characteristic.

Discrimination - To make a distinction in favor of or against a person or thing on the basis of prejudice.

III. Meeting Someone Different (30 minutes)

Directions for the program coordinator

Lead the group of peer trainees through a visualization exercise to recall the first time they discovered that all people were not from the same culture, race, or religion as theirs.

Ask everyone in the group to relax and get comfortable, and to close their eyes. Tell them to think back to when they were four, five, six, or may be even older. Where did they live? Who were their friends? Who were their family's friends? Ask everyone to try to remember the first time they met someone who was of a different race, culture, or religion. How old were they? How did they react? What was the situation? How did their family respond? What were their feelings at the time? Give everyone a few minutes to think about all these questions and then ask the group to open their eyes and come back together as a group.

Discussion

Ask if someone would begin the discussion by sharing what they remembered about this experience. Write down feelings and reactions described by each person. After each person has explained her experience, ask how their feelings have changed over time, if they have, and what has influenced the change.

When you summarize this exercise, mention the following points:

- Families influence how children react to people different from themselves.
- Media often reinforces racial and cultural stereotypes.
- Often the more someone knows about a different culture or religion, the more comfortable she will be with people of the culture or religion.
- Some people are exposed to people of different cultures and religion very early in life, and others much later. Some people live in closed cultures and have very little exposure to people different from themselves.
- Given the various circumstances, some people feel nervous meeting someone different, others feel curious.

IV. Break (10 minutes)

V. Open Communication (20 minutes)

Directions for the program coordinator

This exercise is to reinforce what the peer leaders learned in the Session IV, Communication Skills. Brainstorm with the group about how to keep open communication with someone who is different from them. The list of talking points below can serve as an outline for the discussion.

What is needed for open communication?

Talking Points

1. People are individuals, even if they can be identified as a member of a certain cultural group. Avoid assumptions.

   Not all whites in the United States are identical — age, socioeconomic status, regional culture, language, and religion can be different. Not all Latino(a)/Hispanics are the same — some may have been born in the United States others may have recently immigrated. They may have come from Central America, South America, or Puerto Rico. Spanish may be their first language or they may not know Spanish at all. If they do speak Spanish, the dialect will vary depending upon where they or their parents were born or live.

2. Diversity is positive.

   By learning about another culture — the food, religion, values — we learn more about our own culture and expand the way we think about the world and how we approach life.

3. It is better to admit that you know very little about a culture and to gather information than to make assumptions.

   If the group of peer leaders will be providing a workshop to youth from a different culture, have the group find out as much as possible about the group before they do the workshop. What do they want to know? What are the cultural beliefs related to alcohol and other drug use? Are there topics that are taboo to discuss in public, such as sexuality? Will there be any language barriers? If providing handouts, will they be appropriate to this particular group? If showing a film, is it culturally appropriate?

VI. Cultural Roots Activity (40 minutes)

Directions for the program coordinator

This exercise is designed to celebrate diversity. Give each person in the group one sheet of newsprint and a magic marker. Ask each person to write or draw a picture that conveys the following information for the group:

1) their cultural heritage, such as French-African, Haitian, English and French, Mexican, Anglo-Saxon;
2) one food dish that is important to their cultural heritage;
3) a type of music that is part of your cultural heritage; and
4) one holiday or celebration that is central to their cultural heritage.

Give the group approximately 10 minutes to design their newsprint. After everyone is finished, ask each person to share her newsprint with the rest of the group.

VII. Challenge (10 minutes)

Go to a restaurant that serves a type of ethnic food that you have never eaten before. Or, go to a new type of religious service with a friend or by yourself. (If you are going to a new neighborhood, beware of safety issues.)

VIII. Checkout (35 minutes)

SESSION VII
Alcohol and Other Drugs

Goal: to increase the understanding of addiction, personal values, risk, and behaviors and to be prepared to interview someone in a hospital or detention center about her interaction with alcohol or other drugs.

Outline

		Time
I.	Report on Challenges	15 min.
II.	Alcohol and Other Drug Information	30 min.
III.	Process of Addiction Continuum	40 min.
IV.	Break	10 min.
V.	Open-ended and Closed-ended Questions	45 min.
VI.	Challenge	10 min.
VII.	Checkout	30 min.

Materials Needed

- Refreshments
- Four signs for values clarification exercise:
- "Strongly Agree," "Agree," "Disagree," "Strongly Disagree"
- List of community resources on Alanon, Alcoholics Anonymous, Narcotics Anonymous, treatment for adolescents hotlines
- Challenge Report Forms
- Attendance Sheet
- Paper, pen/pencils

Special Notes to the Program Coordinator

This session will prepare the trainees for interviewing a person in a hospital or a detention center about her experience related to alcohol and other drug use. The objective of the interview is for the peer leaders to begin to identify the personal and social factors of addiction by meeting someone whose life has been affected by addiction. Information on types of drugs and their effects have not been included in this session because most youth receive this information in school. If your group needs information on the pharmacology of drugs, the National Institute of Drug Abuse fact sheets are free from the National Clearinghouse on Alcohol and Drug Information: 1-800-SAY-NO-TO.

SESSION VII
Alcohol and Other Drugs

I. Report on Challenges (15 minutes)

Questions for discussion

- *Where did you go to experience a culture different from your own?*
- *Describe your experience.*
- *Describe how you felt.*

II. Alcohol and Other Drug Information (30 minutes)

Directions for the program coordinator

Read the series of statements below. For each, have everyone write on a piece of paper either "true" or "false." After each statement is read out loud and after each person has written true or false, you should ask someone to volunteer the correct answer. Correct the answer if it's wrong and then discuss the right answer and clarify any misunderstandings.

Statements

You can't get hurt if you drink until you are drunk as long as you don't drive.

False. During this discussion you can bring up the consequences of drinking too much — other injuries, damage to liver, brain cells, decisions made that might be regretted the next day, such as having sexual intercourse with someone, ability to practice safe sex, being out of control. Maybe some peer leaders have heard of students who have died from an overdose of alcohol.

People who can't control their drinking just don't have willpower.

False. People who are alcoholics have a primary disease that prohibits them from controlling their drinking once they begin. It is impossible for them to "just have one drink." Therefore, recovering alcoholics abstain from consuming any alcohol.

Marijuana is not dangerous.

False. Marijuana is much more potent today than it was fifteen years ago, but many people incorrectly believe that marijuana is not harmful. Smoking marijuana is much more damaging to your lungs than smoking cigarettes. Other consequences include possible damage to the heart, immune system, and reproductive system.

It's impossible to go to a party and have a good time without using drugs.

False. Explore with the group drug-free activities that are fun and satisfying.

There is nothing you can do for someone who is addicted.

False. Emphasize with the group what they can do for someone who is addicted: 1) Openly face the facts. 2) Don't cover up for the person. 3) Identify referrals for services for the person. Treatment can work. Some people fail several times before successfully completing treatment, but treatment has worked for millions of people. 4) Encourage the addict to seek treatment. Be supportive without "enabling" the person's addiction (rescuing, saving the person from feeling the consequences of her addiction by lying, completing their responsibilities.) If the program coordinator has had addiction problems and feels comfortable sharing her treatment experience with the group, this would be an appropriate time to share it.

III. Process of Addiction Continuum (40 minutes)

Directions for the program coordinator

Begin by explaining what addiction means, the process of addiction, and signs for identifying someone with an addiction problem. Next read a story of a teenager (see below) and ask the group to discuss the questions printed after the story.

What is addiction?

Addiction is a primary disease — this means that the addiction is the problem to be addressed first, not some other problem responsible for someone using alcohol or another drug.

Addiction is a chronic disease — this means that it is lifelong. Once someone is an alcoholic, she will always be an alcoholic. A "recovering" alcoholic is someone who no longer drinks but is still an alcoholic. This means if that person begins to drink she will not be able to effectively control her drinking behavior.

Addiction is a progressive disease — this means that the disease gets steadily worse. Some people may "bottom out" and then go into treatment, others die before seeking help for their problem, others are directed by a court to go into treatment if they have broken the law due to their drug addiction.

Stages of addiction

A. Adaptive Stage

Read the story aloud:

Larry is fourteen years old and lives with his mother, stepfather, and older sister Mary who is sixteen. Larry is supposed to see his father every two weeks. However, his father often misses or forgets these meetings. Larry sometimes gets really angry with his father for this reason. Larry tried alcohol for the first time about a year ago at a party Mary threw at home. He had one drink and then another, and then forgot how many he had until the next morning when he felt awful, and his sister told him about some wild things he had done — dancing by himself, trying to make advances to some of Mary's friends who have known him since he was really young. Since then, he has used alcohol every once in a while to have a good time. He has gotten a reputation for being a "fish" because he can drink more than all his buddies without appearing drunk.

Question - Does Larry have a drinking problem or is he just experimenting? How can experimenting be dangerous?

Discussion points

Adolescents begin to experiment with alcohol/drugs for a variety of reasons including curiosity, wanting to feel good, peer pressure, and wanting to feel grown-up. Those who do not become addicted will learn their limits to the drug and will not be controlled by it. Sometimes this can be deceptive because they may feel like they are really not hindered by their alcohol or other drug consumption and drive or do other activities in which their performance is impaired. They can take it or leave it. Those who become addicted will enjoy the drug so much that they will move on to habitual use. Alcoholics usually experience a very high tolerance for alcohol and feel lucky to drink without feeling drunk.

Questions for the discussion

What can be unsafe for adolescents who are just "experimenting" with alcohol or other drugs? Ask the group to list anything they can think of. If they have trouble, ask them to think about the last party they went to. Don't limit the behavior to youth, ask them to think about adults' behavior as well. How do people act when they are under the influence of alcohol/drugs?

What can happen to a person if she engages in drinking and driving? Using marijuana and driving? Using drugs and swimming? Using drugs and being on the streets alone or in a situation where she might be vulnerable such as on a date with someone she doesn't know very well?

B. Dependent Stage or Habitual Use

Read the following:

Larry is now fifteen. He has continued to "party" with his buddies. He has developed a new set of friends who enjoy drinking as much as he does. Not a week goes by without getting together with his friends, leading Larry sometimes to forget or cancel meetings with his father. In fact, Larry has begun to spend very little time at home or on his school work. He recently had a fight with his stepfather about his drop in grades. Larry doesn't think it's his stepfather's business, and school just doesn't seem that appealing. Larry feels that he has other priorities in his life.

Question - Does Larry have a drinking problem?

Discussion points

At this point, a user is beginning to use the drug regularly. They may begin to plan their life around the drugs — go to parties for the drugs, change friends to be with those who use drugs regularly. They are seeking the feeling of being high on a regular basis and miss it if they don't have it.

Family and friends may begin to express their concern over the addict's dependence upon the drug. The user will feel that she is in control and doesn't have a problem. An alcoholic may experience blackouts, begin to have conflicts at school, with friends, or at home. Physical problems begin to have an effect on the user, like memory loss, weight loss, feeling hung-over frequently. The user will need to take an increased amount of the drug to feel the desired "high." Has anyone every witnessed this process? Does this sound familiar to anyone?

C. Deteriorative Stage

Read the following:

Larry dropped out of school. He thought it was stupid and couldn't really concentrate. He also got into trouble for bringing alcohol to school. Larry now needs to drink before he begins the day, and then to get through the day, and then to end the day. He doesn't feel the "high" he used to feel from drinking. It isn't fun anymore. But he feels that he can't function without it. He can't face the day without it. He tried to quit for a couple of days to "get clean" and prove to himself that he doesn't have a problem. After two days, he decided he didn't have a problem and started drinking again. Fights with his family happen all the time. His mother always stands up for him, but his stepfather fights with him, and with his mother also — about him. Mary has left for college and doesn't come home often. If she does, she wishes she hadn't. She has talked with Larry about what she considers his drinking problem but he keeps telling her to stay out of it.

Question - What would you do if you were Larry's friend?

Discussion points

At this point the user is taking the drug to feel "normal." For those addicted to narcotics (for example, heroin), they can no longer get "high." One's everyday life becomes completely disrupted. Relationships with friends and family are severely strained. If an alcoholic starts drinking, she can't stop. The addict puts herself into dangerous situations that may eventually lead to "hitting bottom," a term used to describe the point at which an addict or alcoholic has had many things go wrong in her life (has lost a job, friends, is in conflict with her family, doesn't trust anyone) because the drug or alcohol addiction is controlling everything. At this point she may recognize the impact her alcohol or drug use has made on her life and that she has no control over it. This is a common point of entry into treatment for many addicts and alcoholics.

Question - What will happen to Larry?

Discussion Points

Stress that denial is a very common barrier for people with alcohol or other drug addictions to seeking help. Their addiction may keep them from recognizing that they have a problem. Treatment programs are designed to both help a person become drug/alcohol-free safely and to break through her denial and begin to address the problem. As a peer leader confronted with a friend, a resident or program participant with an alcohol or other drug problem, what would you do? Several possible courses of action include: 1) talk with your supervisor, seek advice; 2) confront the person when she has not met obligations; 3) if you receive hostile or other negative reactions, don't take them personally; 4) make sure you know where and how to get help from adults who know how to make an assessment and referral for this person.

IV. Break (10 minutes)

V. Open-ended and Closed-ended Questions (45 minutes)

Directions for the program coordinator

One of the roles of a peer counselor is to explore issues of alcohol and other drug use by interviewing people who have had some experience with it. Learning how to ask open-ended questions will allow youth to develop deeper relationships with those that they work with and to lead stimulating discussions. Review the definitions of open-ended and closed-ended questions with the group (see Session V) then move on to the following exercise.

Practice Asking Questions/Close-ended Questions Role-play

Directions for the program coordinator

You will play the role of a patient at the hospital who is in a detoxification unit. The patient has been using drugs since she was eleven years old. The first time she began using them, she got high with her parents. The patient has lost her job and spouse due to excessive drug use.

Explain to the group that you will be role-playing a patient in the hospital. Tell the group your age and describe the situation the group finds when they enter the patent's room.

Before you begin the role-play ask the group to think about asking only close-ended questions — questions that illicit a "yes" or "no" response. Ask the group to write down three closed-ended questions.

When everyone is ready, begin the role-play. This role-play should go quickly because the questions will lead to very little discussion. After everyone has had a chance to ask at least one question, discuss the role-play by asking the following questions:

1) *Were all the questions closed-ended?*
2) *What kind of information did you learn by asking closed-ended questions?*
3) *Did you notice anything about the quality of the interview as a result of the questions?*
4) *Did it feel unnatural to ask only closed-ended questions?*

Open-ended Questions Role-Play

Now, ask the group to write down three open-ended questions. Begin the role-play again and ask the group to ask only open-ended questions. After everyone has had a chance to ask at least one question, discuss the role-play by asking the following questions:

1) *What was it like asking open-ended questions?*
2) *Did you have to think before you spoke?*
3) *Did you find that you still asked some closed-ended questions?*
4) *What was different about the two role-plays?*

Points to stress

When interviewing a patient, the peer leaders need to think about exactly what they want to learn and whether a closed- or open-ended question will provide that information. Avoid using the word "why" as it often denotes a judgmental tone. Questions that begin with "how," "when," "where," and "what" sound more inquisitive than judgmental.

VI. Challenge — Personal Risk (10 minutes)

Points to discuss with the group

How does someone know that they may have a problem or are "predisposed" to have a problems (more likely to develop an alcohol or other drug problem)? If someone in your family has a problem with alcohol or drug use, that means you should be aware of your increased risk of developing a problem. It is estimated that of the twenty-eight million children of alcoholics in this country today, seven million are under the age of eighteen. Half of all American alcoholics today had at least one alcoholic parent.[1]

Children of alcoholics or addicts are more likely to develop alcohol or other drug problems than children of non-alcoholics or addicts. However, just because someone in your family has an alcohol or other drug-dependency problem, it doesn't mean that you will have one too. But it does mean that you need to be particularly aware of your alcohol and drug use.

Self-Assessment Tool

Introduce the "tool" by saying, "Lots of adolescents experiment with alcohol and other drugs. At what point does a person become dependent upon a drug? Can someone begin to understand that she has a problem before becoming seriously dependent upon a drug? How? This tool will help you become aware of your behavior and to identify warning signs of alcohol or other drug dependency."

Hand out the Self-Assessment Tool. State that this form should not be taken as the final word or as an "official diagnosis." It is designed to help you identify behaviors that may put you at risk of alcohol or other drug dependency. Ask each person to fill it out and then talk with someone they trust about their answers and feelings.

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[1] *Children of Alcoholics Foundation, Inc. 1989. Fact Sheet. New York, NY.*

VII. Checkout (30 minutes)

Self-Assessment

Directions

Read the following questions and answer yes or no to each one.

1. Are you drinking or using drugs for nervousness or to control your emotions?
2. Do you drink or use drugs too much like other family members?
3. Does your drinking or using drugs make getting along with members of your family more difficult?
4. Have you lost time from school or work due to drinking or other drugs?
5. Have you taken drinks or drugs because you are shy and find the effects make it easier to talk to people and to have more fun at parties?
6. Are you unhappy or guilty about your drinking or drug use?
7. Is drinking or drug use making it difficult for you to do your best at school, job, sports, or extracurricular activities?
8. Are you spending more time alone because of your drugs or drinking or do you use drugs or alcohol alone?
9. Have you given up or are you doing badly in sports or hobbies because of your drugs or alcohol?
10. Are your friendships decreasing or changing because of your drugs or drinking?
11. Do you sometimes wish you could live alcohol- and drug-free?
12. Do you have physical symptoms or health problems related to your drug intake or drinking?
13. Do you have unexplained or mysterious moods of depression, anxiety, or difficulty with sleeping?
14. Has anyone seriously talked to you about your drugs or drinking?
15. Do you feel angry, guilty, or uncomfortable when people talk about alcohol, drugs, or drinking?
16. Do you need a drink or drugs to start the day? or the weekend?
17. Are you hiding liquor, joints, or pills, and lying about their use?
18. Do you need a pill or a drink to quit shaking, to quiet down, or for your nerves?

19. When you know you will get into a tense and "hairy" situation, do you need a drink or pills?

20. Have alcohol or drugs affected your sex life?

21. Do you guard your supply of alcohol or drugs for times when the stores are closed or your source will not be available?

22. Are you convinced that beer and wine drinks are okay since they are not hard liquor?

23. Does your Mom, Dad, brother, sister, or anyone else in your close family have a problem with alcohol or other drugs?

24. Have you ever been in jail, in a hospital or emergency room, or been sent to the doctor for a drug problem?

25. Have you ever had a complete loss of memory after drinking or taking drugs and have you ever done or said things you can't remember?

26. Do you think about drinking or using drugs at inappropriate times?

27. Have you had to lie and cover-up a lot since you started drinking or taking drugs?

28. Are you evasive or do you lie about how much you drink or use drugs?

29. Have you ever had legal problems related to your drinking or drug taking?

30. Have you ever made promises to yourself or others that you would not drink or use drugs?

31. Do you ever bring alcohol or drugs to school?

Scoring

If you have answered "yes" to any two of these questions, you need to be alert and concerned about the possibility of developing the disease of alcohol and/or other drug dependence.

If you have answered "yes" to any three of these questions, you are possibly abusing and may be a candidate for the disease of alcohol and/or other drug dependence.

If you have answered "yes" to any four or more of these questions, you have the early signs and symptoms of the disease of alcohol and/or other drug dependence, and it is recommended that you seek help.[1]

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[1] *This tool was developed by Talbot, G. Douglas. 1985.* The Georgia doctor's test. *Smyrna, GA: Ridgeview Institute.*

SESSION VIII
Alcohol and Other Drugs

Goal: to explore the issues of alcohol and other drug abuse by interviewing a patient in the hospital, a person in a detention center, or a recovering person who agrees to speak to the group of peer leaders.

Outline		**Time**
I.	Report on Challenges	15 min.
II.	Warm-up for Interview	30 min.
III.	Interview(s)	80 min.
IV.	Process and Checkout	45 min.
V.	Challenge	10 min.

Materials Needed

- Refreshments
- Newsprint and markers
- Attendance Sheet
- Challenge Report Forms

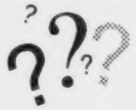
Special Notes to the Program Coordinator

This session will take place at the site of the interview — either in the hospital or at a detention center, if space permits. The interview should be set up weeks before this session takes place. When setting up the interview there are several issues to be aware of. First, if approaching a hospital, confidentiality will be an issue. Tell the hospital staff that it is preferable if the hospital staff first ask a patient if she is willing to speak with a group about her health problem. The patient then gives the okay for the interview. If you do not have strong ties with or access to a hospital or a detention center, then approach a treatment center in your community and ask if they have a speakers bureau or anyone willing to come and speak with your group. Usually, one or two people will be willing to come. If possible, identify someone to speak with the group who is similar to the group in characteristics such as age, race, socio-economic backgrounds. The interview in a hospital or detention center is based on the Alcohol and Substance Abuse Program at the University of New Mexico, Albuquerque, New Mexico, see resources, Chapter VI.

SESSION VIII
Alcohol and Other Drugs

I. Report on Challenges (15 minutes)

Questions for discussion



- *Ask anyone to share how they felt about the self-assessment tool.*
- *Was anything new learned?*
- *Was the form accurate? Inaccurate? How come?*
- *Did it provide any insight into others' behavior or their own?*
- *Encourage anyone to come talk with you privately if they feel uncomfortable speaking in front of the group.*

Hand out a list of local resources on alcohol and other drug services, such as hotlines, counseling, and support groups to those who may wish to get assistance.

II. Warm-up for Interview (30 minutes)

Directions for the program coordinator

If you are having this session at the hospital or detention center, begin the discussion by acknowledging the setting. One possible approach is to say, "Many of us have lots of feelings before we enter a hospital or a detention center." Ask each person to express her expectations and feelings about going into a hospital or a detention center. One youth should write each person's statements on newsprint. This exercise should help the peer trainees realize that they are not alone if they are a little nervous about going into the hospital or detention center. Ask the group members what they can do for each other that will make it more comfortable for them.

Explain to the group that if anyone feels faint or uncomfortable during the interview she should tell one of the trainers and step out of the interview. Ask the group to keep in mind the questions that they asked during the role-play last session and to bring those questions with them on paper, if they want. Ask if one youth is willing to ask the first question and then discuss what would be a good opening question. This will help get the interview started and alleviate the initial nervousness often felt at the first interview. Stress the importance of being sensitive to the person being interviewed. When everyone is ready to conduct the interview, then proceed.

III. Interview (80 minutes)

Directions for the program coordinator

You should have arranged one or two interviews, depending upon logistics and availability of people to interview. You and the co-trainer should introduce yourselves and the group to the person to be interviewed and state that the youth have some questions to ask them. Then, let the youth begin their interview. You and the co-trainer should be acutely aware of the interviewee and the youth: is the interviewee in pain, tired, ready to end the interview? Are the youth uncomfortable? Does anyone look like they may want to leave? Be prepared to end the interview in case something arises.

IV. Process and Checkout (45 minutes)

Directions for the program coordinator

After the interview is completed, take the youth to another room for them to discuss what happened in the interview. What might have made them feel more prepared? The following questions will help guide the discussion.

Questions

What was the life story of the person you interviewed? (write an outline of the story on newsprint)

What was the person's connection to alcohol and other drug use?

If they used drugs, when did they start?

Did they say why?

What happened to them?

If the person was a victim of someone else's drug and alcohol use, is there anything we can do to safeguard ourselves from other people's use of alcohol and other drugs?

Is there anyone in your life that reminds you, in some way, of the person you interviewed? Who is that person and in what ways was the interviewee similar?

What did you learn from the interview that you didn't already know about alcohol and other drug use?

What could have helped prevent this person's situation?

What could you do to prevent the situation from happening to you?

How did you feel during the interview?

How do you think the person being interviewed felt?

Did you feel that you were prepared for the interview?

What will help make you feel more comfortable next time?

V. Challenge (10 minutes)

Share your interview experience with a friend or family member. Note reactions and attitudes towards alcohol or other drug use.

SESSION IX
Alcohol and Other Drugs

Goal: to understand how addiction influences family roles and to become aware of alcohol and other drug community resources and programs that serve adolescents.

Outline		**Time**
I.	Reports on Challenges	15 min
II.	Family Roles	10 min.
III.	Role-Play/Video	45 min.
IV.	Break	10 min.
V.	Refusal Skills	30 min.
VI.	Community Resources	30 min.
VII.	Challenge	10 min.
VIII.	Checkout	30 min.

Materials Needed

- Newsprint and markers
- Attendance sheet
- Video - "Kids Talking with Kids"/VCR
- Family Roles Handout
- List of community resources
- Attendance Sheet
- Refreshments
- Challenge Report Forms
- M&Ms

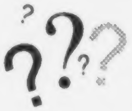
Special Notes to the Program Coordinator

Another option for this session is to invite a person who runs an adolescent substance-abuse treatment center/ outpatient counselor/ Alateen program/ young recovering person to talk with the group about how addiction influences family roles and to discuss community resources.

Session IX
Alcohol and Other Drugs

I. Reports on Challenges (15 minutes)

Questions for discussion



- *Who did you talk with?*
- *What were their reactions?*
- *What were their attitudes towards alcohol or other drug use?*
- *Were you surprised by anything they said?*

II. Family Roles (10 minutes)

Directions for the program coordinator

As mentioned two sessions ago, it is estimated that there are twenty-eight million children of alcoholics in the United States, seven million under the age of eighteen. Be aware that some of the peer leaders, or some of their friends, may be dealing with a family member who has an alcohol or other drug problem.

Begin this exercise with the following statements, "There has been lots of research on family dynamics and alcohol or other drug-dependency. In a family with an alcohol or other drug dependent person, a series of roles are taken on by family members in order to cope with the family problem. These roles help the family members to continue to function but often limit their ability to meet their own personal needs."

Some typical roles are described on the handout that follows on page 4-67. Give a copy of the handouts to each participant. Read each role out loud and discuss them. Point out that one person can play several of these roles within a family and that these are general descriptions. Many people who play these roles in real life can turn them into positive attributes.

Tell the group that if someone they know is from a family dealing with addiction, that person is not destined to behave according to a particular role for the rest of her life. State before the group that the information being reviewed in this session will help them (the peer leaders) better understand why some people behave in certain ways and to become more sensitive to their needs.

Family Roles

Roles	Visible Qualities	Inner Feelings	Represents to Family	Characteristics	Possible Future Characteristics	
					Without help	*With help*
Family Hero	Visible success Does what's right	Inadequate	Self-Worth (Family can be proud)	High achiever Grades Friends Sports	Workaholic Never wrong Responsible for everything Marry dependent	Accept failure Responsible for self, not all others Good executives
Scapegoat	Hostility Defiance Anger	Hurt Guilt	Takes focus off the alcoholic	Negative attention Won't compete with "family hero"	Unplanned pregnancy Trouble maker in school & later in office Prison	Accept responsibility Good counselors Courage Ability to see reality
Lost Child	Withdrawn Loner	Loneliness Unimportant	Relief (One child not to worry about)	"Invisible" Quiet No friends Follower Trouble making decisions	Little zest for life Sexual identity problems Promiscuous or stays alone Often dies at early age	Independent Talented Creative Imaginative Self-actualized
Mascot	Fragile Immature Needs protection	Fear	Fun & humor (Comic relief)	Hyperactive Learning disabilities Short attention span	Ulcers, can't handle stress Compulsive clown Marry "hero" for care Remains immature	Take care of self No longer clown Fun to be with Good sense of humor

Information taken from: "The Family Trap" by Sharon Wegscheider, Johnson Institute, 1976

Designed by Linda Mix

III. Role-Play/Video (45 minutes)

Directions for the program coordinator

Introduce this exercise with, "Now that you've learned the various roles that family members play when one family member has a chemical dependency problem, the following role-play will give you a chance to see these roles in action." Ask for six volunteers; give each one a role (see below). Ask them to act out the following situation according to the role they were given. Do not share the descriptions with the entire group.

Roles

Mother - alcoholic, comes home drunk around 6:00, left work early to go to "happy hour"; gets mad at Sue because dinner isn't ready.

Stepfather - enabler; helps the mother not feel the consequences of her drinking.

Sue - oldest of four, age seventeen, family hero

John - second oldest, age sixteen, scapegoat

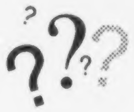
Sam - third oldest, age fifteen, lost child

Leslie - youngest, age thirteen, mascot

Scene: kitchen, mother enters drunk . . .

Remember, don't tell the entire group the roles. Ask them to try to pick out who is playing which role.

Discussion questions



- *Who was playing which role?*
- *What seemed realistic? What wasn't?*
- *If the mother went through treatment and stopped drinking, how would family roles be adjusted? Would there be problems with that?*

Points to emphasize

Explain that these family members will not play the roles for the rest of their lives. Each family member can and will break out of their roles over time. Alanon and Alateen have been designed for family members to deal effectively with an alcoholic or drug-addicted family member.

Alternative/Show the video Kids Talking with Kids

This video presents four youth dealing with a parent who has an addiction problem. Ask the group to pick out who is playing which role. How is the Alateen program helping the teens?

This video can be ordered and previewed by contacting Children of Alcoholics Foundation, PO Box 4185, Grand Central Station, New York, NY 10163 (212) 351-2680.

IV. Break (10 minutes)

V. Refusal Skills (30 minutes)[1]

Directions for program coordinator

Begin this exercise by asking the group, "What is one of the hardest aspects of being a teenager?" Someone in the group should eventually state "being yourself."

This exercise will help the participants enhance their ability to say "no" — something that both adults and youth can have a difficult time doing.

Ask for one volunteer to be the person to refuse something that the rest of the group will be encouraging the person to take.

Techniques for Saying "No"

1) Be a broken record; keep repeating that you do not want it.
2) Tell the group you understand why they would want it, but then state that you are not interested.
3) End the conversation - walk away (if nothing else works).

Take out a bag of M&M's. Give the bag to the group and have them try to convince the volunteer that she needs and wants M&M's too. That person will practice refusal skills.

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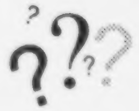
[1] *Sanchez-Merki, V., & Wallerstein, N.* Alcohol and substance abuse implementation manual for the A.S.A.P. *Program. University of New Mexico, Albuquerque, NM, 1990.*

Discussion questions



- *How did it feel to be pressured to do something?*
- *How did it feel to pressure someone to do something?*
- *How else can someone refuse something?*
- *Other creative ideas?*
- *Have you had any experiences related to alcohol and drugs in which you were pressured or you pressured someone else? How do you feel about those experiences?*

VI. Community Resources (30 minutes)

Directions for the program coordinator

Invite one speaker who will discuss the following aspects of intervention and treatment programs for adolescents in your community: 1) support groups for teens with addicted/alcoholic parents; 2) treatment for addicted adolescents; 3) support groups for teens with addiction problems; and 4) after-care.

Hand out a list of these services in the community and explain what they offer, how much they cost, hours, and location. Be sure to keep referral lists on hand when teens begin volunteering.

VII. Challenge: Messages in a Collage (10 minutes)

Ask each youth to bring in objects for the next session that represent

1) their personal values about alcohol and drug use,

2) their parents' values and

3) the perspective of an organization in their community (for example, their church, neighborhood center, friends, school, or local media).

Encourage the participants to think about where their peers get alcohol or other drugs' messages conveyed (t-shirts, magazines, posters, etc.)

VIII. Checkout (30 minutes)

SESSION X
Sexuality/Gender

Goal: to enhance the participants' general understanding of sexuality, to increase ability to discuss sexuality with others, and to clarify values around sexuality.

	Outline	Time
I.	Report on Challenges	10 min.
II.	Attitude Check	20 min.
III.	What Is Sexuality?	35 min.
IV.	Masculinity/Femininity	30 min.
V.	Break	10 min.
VI.	Masculinity/Femininity Discussion	35 min.
VII.	Challenge	10 min.
VIII.	Checkout	30 min.

Materials Needed

- Newsprint, easel, markers
- Challenge Report Forms
- Refreshments
- Attendance Sheet
- Three newsprint sheets, one labeled, "personal", another "parents" and the third, "community"

Special Notes to the Program Coordinator

This session will examine sexuality on a very broad level. It is not uncommon for adolescents to be homophobic, so be prepared for a variety reactions, especially during the "Attitude Check" exercise. Be especially aware of your language, for example use "partner" instead of "boyfriend" and "girlfriend."

Optional/Additional

Invite a speaker, preferably a youth, from a community gay and lesbian organization to discuss issues/myths about gay and lesbian youth.

SESSION X
Sexuality/Gender

I. Report on Challenges (10 minutes)

Directions for the program coordinator

Tape three pieces of newsprint on the walls, one with "PERSONAL," another with "PARENTS," and the third with "COMMUNITY" on the top. Ask each participant to share what they brought that represents their own personal values, parents' values, and those expressed in their community — through advertisements, in stores, churches, or schools. As each person is speaking, write down the message for each area on the appropriate newsprint. In case someone forgot to bring in some objects, have some extra ads, t-shirts, and/or posters from which the person can choose items that represent messages that she has learned from parents or from her community.

Questions for discussion

- *What messages do advertisements give young people and adults?*
- *What messages did you receive from people in your family? In your school?*
- *How would you go about changing the messages in your community?*

II. Attitude Check (20 minutes)

Directions for the program coordinator

Introduce this session by stating, "This session will focus on sexuality issues. In our mass media culture and in some families, sexuality can be a taboo subject, yet it is an important part of all of us. As peer leaders, you will be dealing with a wide variety of sexuality issues. You may talk with pregnant teenagers, youth who are confused about their sexual orientation, youth who are confused about relationships or dating, or who have been sexually assaulted, and youth who have engaged in sexual intercourse after drinking and/or using drugs. It is important to understand your feelings about these issues and to be prepared and open-minded when discussing these issues with other youth.

"Becoming sensitive to difficult issues requires each of you to be able to step into someone else's shoes and try to understand how she feels. This exercise attempts to help you do that." Define the term "homophobia" for the group. You could say, "Homophobia is the fear of homosexuality or homosexuals. Often people who do not know very much about homosexuality are afraid of it, and afraid of having to deal with someone who is homosexual."

Ask each person to state their name and afterwards say "I'm gay" if male, or "I'm a lesbian" if female. Have each person say it one at a time.

Responses to expect

Some youth may refuse to do it. Ask them why — if it is just an exercise and everybody in the room knows that they are saying it because they were asked to, why is it so difficult? Some of the group may state homophobic beliefs. The important point to make is that some youth who are gay or lesbian may have "internalized" what society says about homosexuality and may feel very negative about themselves because they are attracted to someone of the same gender. Other youth may be attracted to youth of both genders or may have had one sexual experience with someone of the same gender and wonder "Am I gay or lesbian?" These youth will feel very isolated. Approximately 10 percent of all youth are gay and lesbian, and the peer trainees or their friends may be coping with these difficult issues. Tell the group that if someone talks with them about confusion around sexual orientation, they should be honored that this person trusts them enough to discuss it and they should respond by being a good listener and by identifying someone who can provide counseling to the youth, if requested. It is not appropriate to be judgmental.

Questions

Ask the group what they can do to support this group of youth? (Use language that doesn't assume everyone is heterosexual, and don't allow homophobic comments and jokes in the session.) If someone doesn't bring up the importance of challenging homophobic or anti-gay comments, discuss this with the group.

III. What Is Sexuality? (35 minutes)

Directions for the program coordinator

Begin this exercise with, "Homosexuality is just one of many sexual orientations. When we discuss the word 'sexuality' what are we talking about? What are heterosexuality and bisexuality?"

Divide the group into four subgroups. Give each group one of the four following terms and ask them to develop a definition.

Definitions

- Group 1 - Sexuality: What's the difference between sexuality and sex? Note that sexuality is much broader than sex.
- Group 2 - Homosexuality
- Group 3 - Heterosexuality
- Group 4 - Bisexuality

Give each group five minutes to come up with a definition to share with the entire group. When the group presents the definitions, compare them to the model definitions that follow on page 112. Discuss with the group the differences and similarities in the definitions.

Leader Guide

Sexuality — According to the Sex Information Education Council of the United States, the definition of sexuality is:

> "Human sexuality encompasses the sexual knowledge, beliefs, attitudes, values, and behaviors of individuals. It deals with the anatomy, physiology, and biochemistry of the sexual response system; with roles, identity and personality; with individual thoughts, feelings, behaviors, and relationships. It addresses ethical, spiritual, and moral concerns, and group and cultural variations." Sex refers either to the act of anal, vaginal, or oral intercourse or to the gender, "female" or "male."

Homosexuality:
"Sexual attraction to the same sex, encompassing thoughts, feelings, behaviors, relationships and spirituality."

Bisexuality:
"Sexual attraction to both males and females."

Heterosexuality:
"Sexual attraction to the opposite sex."

Points to stress

It is important to begin dispelling myths about sexuality at this point in the training. While discussing the definitions, bring up the following points.

- State that the following information isn't what most Americans are taught and that family and friends may believe differently, which is okay since everyone is entitled to have their own opinion. However, to be an effective peer leader, you must be able to relate to each individual in an nonjudgmental way.
- It is a myth that everyone is oriented towards only the opposite sex or to same sex. In 1940 the Kinsey national survey of American adults found that many heterosexual people had at least some attraction to the same sex, and that many homosexual people had some attraction to the opposite sex.
- While approximately 10 percent of the population is exclusively heterosexual, and approximately 10 percent is exclusively homosexual, 80 percent of all people fall into a middle category that is either primarily heterosexual with some homosexual experience, or primarily homosexual with some heterosexual experience. Sexual orientation can change during the course of one's life.
- Youth who are questioning their own sexual orientation may be experiencing extreme isolation, confusion, and loneliness. The overwhelming prejudices and fear of homosexuality in our society makes it very difficult for a young person to find someone they can trust to discuss their feelings. As a peer leader it is very important to counter homophobia and acknowledge the diversity in sexual orientation by using language that is neutral, like "partner" versus "boy/girl friend."

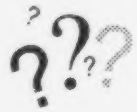
IV. Masculinity/Femininity (30 minutes)

Directions for the program coordinator

Introduce this exercise with the statement, "Part of sexuality is related to our identity as male or female. What does it mean to be a female in our society? What does it mean to be a male? This exercise will explore the meaning of masculinity and femininity."

Break into two groups — one of females, one of males (if your group is predominately male or female, you can keep everyone together). Ask each group to use the questions that follow as a starting point to begin exploring gender issues. Ask the group to record their discussion on newsprint and to come back together in 30 minutes. You (the program coordinator) should go with the same-sex group. If possible, there should be one trainer in each group, helping facilitate the discussion. By the end of the discussion the group should be prepared to present their ideas and discussion to the other group.

Questions to explore



- *What is the definition of femininity/masculinity?*
- *(According to the Random House Dictionary, femininity is a group of female characteristics and masculinity is a group of male characteristics. What are those characteristics?)*
- *What does society say about how males/females should behave?*
- *What have you encountered as a female, or as a male that was related to your sex?*
- *What would you like to change in your family, school, or community to create a "freer" environment for gender (i.e., male/female) expression?*
- *Who/what influences your ideas about gender roles (for example, parents, media, etc.)*

V. Break (10 minutes)

VI. Masculinity/Femininity Discussion (35 minutes)

Directions for the program coordinator

After the break, call the group back together. Each group should take turns presenting to the other group what they discussed. If problems arise, you may want to create some spontaneous role-plays to act out problems with dating, discrimination, labeling, or other issues that come out of the two groups. This discussion should provide an opportunity to dispel many myths that males and females believe about each other.

VII. Challenge (10 minutes)

Tell someone who you know is homophobic some of the facts you learned today and/or challenge homophobia when you see or hear it.

VIII. Checkout (30 minutes)

SESSION XI
Dating and Decision-Making

Goal: to increase personal awareness about sexual relationships, knowledge of pregnancy prevention, options, and community resources, and to increase decision-making skills.

Outline		Time
I.	Report on Challenges	20 min.
II.	Sexual Relationships — Pros/Cons	30 min.
III.	Making Decisions	20 min.
IV.	Break	10 min.
V.	Pregnancy, Knowing the Options	20 min.
VI.	Role-Play Decision Making About Pregnancy	40 min.
VII.	Challenge	10 min.
VIII.	Checkout	30 min.

Materials Needed

- Newsprint, easel, markers
- Challenge Report Forms
- Refreshments
- Attendance Sheet

Special Notes to the Program Coordinator

This session will take youth through a series of role-plays in which a relationship is followed from the first date through a pregnancy. It will emphasize the complexity of dynamics in sexual relationships, the consequences of decisions, and the importance of communication.

Optional/Additional

Invite someone from a local clinic to discuss services or take the peer trainees on a tour of an adolescent health clinic.

SESSION XI
Dating and Decision-Making

I. Report on Challenges (20 minutes)

Questions for discussion

- *Did anyone complete the challenge?*
- *What was it like to counter someone's homophobic comment or talk with someone about homophobia?*
- *How did you feel?*

II. Sexual Relationships — Pros/Cons (30 minutes)

Directions for program coordinator

Introduce this session with, "Adolescence is a time to begin learning about intimate relationships, dating, and discovering what **you** want from a relationship. This is a lifelong process that is just beginning. For some, this process begins early in adolescence, for others, it begins much later. This is important to remember because society often puts pressure on individuals to be in a relationship regardless of whether or not there is mutual attraction between two people. For youth who are questioning their sexual orientation, figuring out relationships can be even more difficult."

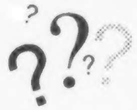
Stress that peer leader/helper/counselors may listen to youth who are trying to figure out the dynamics of a relationship — should they stay involved, how can they express their anger, disappointment — all of which is very difficult for us to do with someone we care about. This session will help youth begin to think about these issues personally before listening to their peers.

Ask the group to think about what they are attracted to in other people? What qualities do they admire? Have them think about this for a few moments. Who is their "perfect" mate? Let the group think for several minutes.

Tell the group, *"Imagine you have just met someone who fulfills this image — at a party, at a friends house, at school. How would you approach that person?"*

Ask for two volunteers who are willing to act out this situation. Explain to them that in this situation, both of them have been admiring the other "from afar." Ask the volunteers to act out, for the next five minutes, the following: You have just met in the local record store. You both want to ask the other out on a date. Let the role-play continue until the situation is resolved.

Discussion questions



- *What was it like to approach someone to go on a date?*
- *How did you feel?*
- *How did the person being approached feel?*
- *What makes this difficult or easy?*
- *What are other ways in which you could ask someone out?*

III. Making Decisions (20 minutes)

Directions for the program coordinator

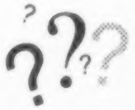
The goal of this role-play is to examine decision-making in relationships. The role-play is about the two people in the last role-play who agreed to go out on a date together. Set the stage with, "Let's say these two people, Sue and Roger (for the purpose of this exercise we will assume that they are heterosexual), go out for three months. They really enjoy spending time together. They talk on the telephone every night. They confide in each other, discussing problems with school, with family. They are physically comfortable with each other. The last time they saw each other things went pretty far physically, but they didn't have sexual intercourse."

Ask for two female volunteers to act out the following situation: "Tonight Sue and Roger are going out for their four-month anniversary. Both of them are thinking about having sexual intercourse (sex), but they have never discussed it with each other. That afternoon, Sue is over at her friend Ellen's house. Ellen brings up Sue's date. Ellen asks Sue if she and Roger will actually have sexual intercourse."

Tell the volunteer who is going to be Sue, PRIVATELY SO THAT NO ONE ELSE HEARS, that Sue is unsure whether she is ready to have sexual intercourse and is feeling confused. Tell the volunteer who is going to be Ellen, PRIVATELY SO THAT NO ONE ELSE HEARS, that she is concerned about Sue and wants to make sure that she knows about using condoms to protect herself from HIV and pregnancy. In the role-play, Ellen should stress that Sue doesn't have to have sexual intercourse if she isn't ready. Ellen should also bring up where to buy condoms and how to use them.

Have the two volunteers act out this scene for three-to-five minutes or until there is something to discuss with the group as a whole.

Discussion questions



- *What is Sue thinking?*
- *Does she know what she wants?*
- *Did anyone discuss contraceptives? Condoms? HIV/AIDS?*
- *Do you think Sue is ready?*
- *What would you do?*
- *What would you tell a friend who is in Sue's situation?*
- *What are the reasons that adolescents "decide" either to have or not to have sex?*
- *What are some of the outcomes/consequences of sexual intercourse?*
- *What about abstinence? What are the pros/cons?*
- *Is intercourse the only way for a couple to feel physically close?*
- *What would you do if, as a peer counselor, someone comes to you for advice on whether to have sexual intercourse or not?*

IV. Break (10 minutes)

V. Pregnancy, Knowing the Options (20 minutes)

Directions for the program coordinator

The next role-play will focus on decision-making after a young woman and man find out she is pregnant. Begin by providing the following background about pregnancy: "We know that pregnancy is a common occurrence among adolescents. By age nineteen, four in ten females will have been pregnant once.[1] Each year one million adolescent females become pregnant. So far, we have discussed relationships and the decision to have or delay sexual intercourse. Now we'll focus on what happens if someone becomes pregnant."

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[1] *Alan Guttmacher Institute. 1986. United States and Cross-National Trends in Teenage Sexuality and Fertility Behavior. Unpublished data.*

Questions

For all of the following questions, write the group's answers on a piece of newsprint.

1) How does a female know if she is pregnant? When discussing this question, be prepared to give a list of clinics where adolescents can get **free** pregnancy tests (be sure to indicate if the clinic is pro- or anti-choice).

Pregnancy Symptoms

- Having to urinate frequently
- Missed period (not always, many adolescents don't have regular periods)
- Breast tenderness
- "Morning sickness," or nausea at all times of the day
- Weight gain, although not much in the first 3 months
- Some females have no signs

2) What does a pregnancy test involve?

Pregnancy Test

- Home pregnancy tests may tell you that you are not pregnant when you really are. However, if they indicate you are pregnant, it is likely to be true. It is best to go to a clinic for a pregnancy test to be sure.
- Most clinics ask the client to bring in a urine sample. The clinic usually calls with the results within a couple of days. Some clinics let you wait while they conduct the test.
- Many times young women postpone getting a pregnancy test because they are afraid of the results. However, the longer you wait, the fewer your options are.

3) What are the options open to an adolescent who is pregnant?

Options

1) Carry the pregnancy to term and keep the baby; referral is needed to get prenatal care, as soon as possible.

2) Carry the pregnancy to term and put the baby up for adoption; referral needed for prenatal care and to an adoption agency. Adoption agencies may pay for prenatal care.

3) Terminate the pregnancy; referral needed to a clinic. Consult parental notice or consent law in your state for females under age eighteen.

VI. Role-play Decision-making about Pregnancy (40 minutes)

Directions for the program coordinator

This is the last role-play. Introduce it with, "Sue's pregnant. She and Roger got drunk on their anniversary and had sexual intercourse without using condoms or other contraceptives. Sue thinks that she might be pregnant. She goes to the local clinic with Roger and they discover that she is."

Ask someone to be Sue and someone to be Roger and have them act out the situation. The two volunteers act out the situation for three-to-five minutes or until there is enough for the group to discuss.

Discussion questions

- *Ask the two volunteers how they felt during the role-play.*
- *Was the role-play realistic?*
- *How would the males feel about this?*
- *What do you think Sue and Roger should do?*
- *What if Roger and Sue disagree about what to do?*
- *Should they speak with their parents?*
- *What will they need in order to make their decision to have an abortion, to carry the pregnancy to term, or to put the baby up for adoption?*
- *What will their lives look like one year from now?*

VII. Challenge (10 minutes)

The next session will cover prevention from sexually transmitted diseases. The challenge is to obtain a condom from a friend, clinic, family member, or drug store. This activity will help you 1) refer youth who need condoms to appropriate places; 2) to help youth acknowledge and overcome the embarrassment some feel when buying condoms (some adults feel it too); and 3) gain skills for yourself.

VIII. Checkout (30 minutes)

SESSION XII

Sexually Transmitted Diseases

Goal: to clear up misinformation about the Human Immunodeficiency Virus (HIV) and other sexually transmitted diseases (STDs), to learn how to use a condom properly, to practice condom negotiation, and to learn about community resources on STDs for adolescents.

Outline		Time
I.	Report on Challenges	20 min.
II.	Making Sense Out of Condoms	20 min.
III.	Game: What Goes Around, Comes Around	20 min.
IV.	Break	10 min.
V.	HIV/AIDS/STD Knowledge Game	20 min.
VI.	Video/Speaker	60 min.
VII.	Challenge	10 min.
VIII.	Checkout	20 min.

Materials Needed

- Write out nine steps for using a condom on newsprint - see Activity: Making Sense Out of Condoms
- Newsprint, easel, markers
- Challenge Report Forms
- Refreshments
- Attendance Sheet
- Condoms
- Penis Facsimile
- Lubricant
- Video Teen AIDS in Focus
- Index cards/ pens/pencils

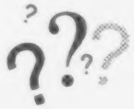
Special Notes to the Program Coordinator

For additional information on HIV/AIDS, see the National Network's "Safe Choices Guide" listed in the Resources Section. Invite a person with HIV or AIDS, preferably a young person, to speak about her personal experiences. If such a person is not available, invite a family member of someone who has HIV or AIDS or visit a hospital with HIV infected infants.

SESSION XII
Sexually Transmitted Diseases

I. Report on Challenges (20 minutes)

Questions for the discussion



- *How did you feel about the assignment to obtain a condom?*
- *Where or to whom did you go?*
- *If you went to a store, where were the condoms in the store?*
- *What was the reaction of the clerk?*
- *How did you decide which ones to buy?*
- *Did the females experience reactions that were different from the males?*

II. Making Sense Out of Condoms[1] (20 minutes)

Directions for the program coordinator

Before the session begins, write on newsprint the nine steps to using a condom properly (see below), one step per piece of newsprint. Write in big letters so that people will be able to read it across the room. Mix up all the steps.

Nine Steps to Safety

1. Go to the store and buy a dozen-pack of latex condoms with reservoir tip, and some jelly or cream with spermicide.
2. Talk with your partner about using condoms.
3. Take the condom out of the package.
4. Place some spermicide in the center of the unrolled condom.
5. Place the unrolled condom on the tip of the erect penis.
6. Unroll the condom, pinch the top to leave room for the semen (cum).
7. After ejaculation, withdraw the penis, while holding on to the rim (not tip) of the condom.
8. Move away from your partner and take off the condom.
9. Throw the condom away.

[1] *Brick, P., C. Charlton, H. Kunins, and S. Brown 1989. Teaching safer sex. Hackensack, NJ: The Center for Family Life Education, Planned Parenthood of Bergen County, Inc.*

Ask for nine volunteers. Give each volunteer a piece of newsprint with one step on it. Ask the volunteers to organize themselves into the correct order of the steps for using a condom. After everyone has gotten into the correct order, ask one person to read all nine steps, while another person takes out a real condom and demonstrates using the condom on a penis facsimile or other object, like a banana.

Then pass around several condoms, with or without lubricant, for the youth to touch and become more comfortable with. Stress that whenever anyone engages in vaginal, oral, or anal intercourse, they must use a latex condom to protect themselves from HIV, other STDs, and pregnancy. Lambskin ("natural") condoms cost more and as a result many youth think that they are better, but ***they do not protect against HIV.*** Ask youth if they know that "natural" condoms are made out of sheep intestines. This may dissuade them from using lambskin condoms.

The Virtues of Condoms

Directions for the program coordinator

Brainstorm with the group on what condoms will protect someone from (if used correctly and consistently). This will provide a forum in which to discuss other sexually transmitted diseases that are epidemic among adolescents, even though they may not be getting the media attention that HIV does.

Write all answers on newsprint.

Example: What do latex condoms protect you from?

- Pregnancy - (1 million adolescents a year become pregnant)
- STDs - (Every year one in six adolescents contract a sexually transmitted disease)
- Syphilis
- Chlamydia
- HIV
- Gonorrhea
- Human Papilloma Virus
- Trichomoniasis
- Chancroid
- Yeast Infections

What don't latex condoms protect you from?

- Genital Herpes
- Scabies
- Genital Warts

Discussion questions

1) *If you have an infection, where do you go?*

Be prepared to give a list of local clinics that effectively serve adolescents.

2) *How can you tell your partner?*

Very carefully. First learn everything you can about the STD. Find out if your partner needs to get a test, and if so where. People have different reactions when they learn that they have an STD. Some are angry, embarrassed, confused. Anticipate how your partner may react and what your response will be. Most STDs are transmitted through sexual intercourse so issues around trust may come up.

3) *Do all STDs have symptoms?*

No. For example, chlamydia often doesn't have any symptoms and a person can be infected for years without ever knowing it. That is why it is important to have regular checkups with a doctor and to always use condoms if engaging in sexual intercourse — vaginal or anal. Some common symptoms for STDs include unusual discharge from the vagina or penis, irritation, pain. If someone thinks they may have a STD, they should be encouraged to go to a doctor or clinic immediately. Left untreated, some STDs can result in sterility — the inability to reproduce.

III. What Goes Around, Comes Around[1] (20 minutes)

Directions for the program coordinator

This activity demonstrates how sexually transmitted diseases are easily spread through sexual intercourse (oral, vaginal, and anal) and how condoms can be effective in prevention. It requires some preparation **before the session. Preparation:** Take a pile of index cards, equal to the number of peer leaders in training and mark on the top right corner of the index card the following:

1) one index card with "H" which will stand for HIV;
2) one index card with "CC" which will stand for consistent condom user;
3) one index card with "CB" which will stand for a condom that broke because it was used incorrectly;
4) one index card with "A" which stands for abstinence. Also write on this index card, "DO NOT PARTICIPATE IN THIS ACTIVITY. DO NOT TALK TO ANYONE."
5) Don't mark the rest of the cards.

Directions - At the Session

Give an index card to each peer trainee. Ask the group members to introduce themselves to three individuals in the room and write those names on their cards. After everyone has collected three names, ask the group to look in the right hand corner of their cards. Ask the person with the "H" to stand up.

Announce, "For the purpose of this exercise the person with the "H" is infected with HIV." Now, ask anyone who has that person's name on her index card to stand up. Announce "For the purpose of this exercise, these people have had sexual intercourse with the people on their index card. All those who are standing up have been infected with HIV." Next, ask those who have the names of the people standing up on their cards to stand up, and so on and so on, until everyone is standing up, except for the abstainer.

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[1] *Center for Population Options. 1989.* Guide to implementing TAP: Teens for AIDS prevention peer education program. *Washington, D.C.*

Discussion questions

- *How does the original "H" person feel?*
- *How do the persons who became "infected" from another person feel?*
- *Did they feel that they might have been able to avoid HIV?*
- *How does the person who didn't participate feel?*
- *How did the other peer trainees respond when the abstainer refused to participate?*
- *How is this similar to a young person who has decided not to engage in sexual intercourse?*

Now ask the person with "CC" on the corner of their her card to sit down. Announce that "CC" stands for consistent condom user. Because this person used condoms, correctly, each and every time they have had sexual intercourse, she was not infected with HIV.

Ask this participant how she feels now?

Now ask who has a card with "CB" on the corner? This stands for one who used condoms, but the condoms broke and therefore she is infected with HIV.

How does this peer trainee feel? What can you do to ensure that condoms will not break? (Don't keep it in your pocket; don't use oil-based lubricants such as vaseline; make sure they haven't expired; make sure to leave room at the tip for the semen.)

After discussing how everyone feels, explain that while this exercise used HIV as the disease, all sexually transmitted diseases are spread through sexual intercourse. Every year, one in six adolescents contracts a sexually transmitted disease.

IV. Break (10 minutes)

V. HIV/AIDS/STDs Knowledge Game[1] (20 minutes)

Directions for the program coordinator

Divide the group into two teams. Explain that you will read a statement that is either true or false. The first person to stand up and state correctly whether the statement is true or false will earn one point for their team. At the end of the game, the team with the most points wins. Bring something or think of an award for the winners.

After each statement is correctly answered, ask the youth to give a detailed explanation of why the statement is true or false. You should be prepared to elaborate on the statements.

During the game, be sure to encourage youth to ask any questions.

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[1] *National Network of Runaway and Youth Service. 1990.* Safe choices guide*. Washington, D.C. p. 3-35.*

HIV/AIDS Statements - True or False?

1. *Only gay people become infected with the virus that causes AIDS.*

   False - Any person who has unprotected sexual intercourse or shares a needle with a person infected with HIV can become infected.

2. *AIDS is preventable.*

   True - You can protect yourself by not having sexual intercourse or by not using IV drugs. If you have sexual intercourse, use a condom each and every time. If you use IV drugs, clean your works.

3. *Blood, semen (cum) and vaginal secretions can carry HIV (the virus that causes AIDS) from one person to another.*

   True - HIV thrives in blood, but it is also in high concentration in semen and vaginal secretions.

4. *You can get infected with HIV by hugging or holding the hand of someone who has it.*

   False - HIV needs to be in blood or semen or vaginal secretions in order to be transmitted from one person to another. It is completely safe to hug or hold the hand of someone with HIV or with AIDS.

5. *Using latex condoms correctly with spermicide and a water soluble lubricant can help prevent infection with the AIDS virus.*

   True - Latex condoms effectively prevent HIV from being transmitted during anal or vaginal intercourse.

6. *A baby can't be born with HIV.*

   False - There is approximately a 50 percent chance that a baby born of an HIV-positive mother will also be infected.

7. *If a person uses someone else's needles (works) to shoot up drugs, they could easily get the AIDS virus.*

   True - This is perhaps the most efficient way to transmit HIV, since HIV thrives in blood, and blood sticks to needles.

8. *If someone gets the AIDS virus it will show up in a blood test within a few days.*

   False - It takes your body approximately 12 weeks to manufacture the antibodies that the test for HIV detects. If you think you may have been exposed to HIV, you should be tested three months after the possible exposure. You may wish to be retested in another three months if the test is negative, since in rare incidences it takes up to six months for antibodies to develop.

VI. Speaker with HIV or a Video - "Teens AIDS in Focus" (60 minutes)

Directions to the program coordinator

In order to help the trainees understand the emotional impact of becoming infected with HIV, it is important to invite a young person with HIV to come speak to the group.

In many communities, there continues to be intense fear surrounding HIV. It is important, if youth live at home, that they obtain parental permission to attend the session with a guest speaker who has HIV or AIDS. This is an excellent opportunity to educate parents on the topic by sending a pamphlet on HIV/AIDS home with the permission slip. Contact your local HIV/AIDS agencies for appropriate pamphlets — they may even give you some for free. The National Network of Runaway and Youth Services, Safe Choices Hotline

1-800-878-2437 (AIDS) will help you identify an agency in your area that has a speakers bureau of people with AIDS. Select a person with AIDS with whom the group of trainees will be able to identify.

Preparing the group

If you are able to have a person with AIDS speak to the group, be sure to prepare the group carefully for the speaker. "Carefully" means addressing any fears they may have about meeting someone with AIDS and reinforcing the fact that HIV is not transmitted through casual contact. Ask the group to write down several questions that they would like to ask the person with AIDS before the person comes. Stress that this is a unique opportunity to speak frankly with a person with AIDS and that this person is special because of her willingness to share something so personal with them.

Alternatives to a Speaker with HIV or AIDS

If you are unable to find a young person with HIV, then the video "Teen AIDS in Focus" (20 minutes) skillfully presents the personal side of HIV infection in three adolescents. Check your local HIV/AIDS agency or Planned Parenthood to see if you can borrow a copy. If not, you can order it from Teen AIDS/S.F. Study Center, PO Box 5646, San Francisco, CA 94101 (415) 626-1650.

Preview this video before showing it to the group. This film is very powerful. To facilitate the discussion after the video, ask the group to look for something specific in the video, such as how the adolescents felt about being infected with HIV and what coping mechanism each used after being infected.

VII. Challenge (10 minutes)

Share your experience of meeting someone with HIV with a friend or family member.

VIII. Checkout (20 minutes)

SESSION XIII
Sexual Assault and Abuse

Goal: to increase awareness about physical and sexual assault and abuse, to increase communication skills, and to provide information on relevant community resources.

Outline		Time
I.	Reports on Challenges	15 min.
II.	Introduction/Definitions	20 min.
III.	Myths/Facts	15 min.
IV.	Role-Play	35 min.
V.	Break	10 min.
VI.	Is It All Right?	15 min.
VII.	If Someone You Know . . .	20 min.
VIII.	Challenge	10 min.
IX.	Checkout	40 min.

Materials Needed

- Refreshments
- Referral list of local rape crisis center, hotline, women's shelter, police (local rape crisis center may have already developed this list)
- Role-play parts written on index cards
- Myths/Facts leader guide
- Attendance list
- Challenge Report Forms

Special Notes to the Program Coordinator

This session may trigger memories for the trainer or for youth about incest or sexual abuse. It is important to have two trainers at this session in case a youth becomes very upset, allowing for one trainer to tend to that person while the other continues the session. Leave extra time for the "checkout" because this session may bring up difficult issues for many in the group. In addition, make sure to cover your legal obligation to report sexual assault in case someone reveals a sexual assault that has never been reported. ***In preparing for this session be sure to 1) check your state laws on reporting sexual abuse and assault, and parental involvement and 2) check legal definitions of sexual assault, sexual harassment, date (acquaintance) rape, and consent.***

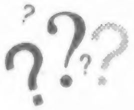
Optional/Additional

Invite someone from the local rape crisis center to lead the session or to cover the section on "If Someone You Know . . ." or visit your local rape crisis center.

Session XIII
Sexual Assault and Abuse

I. Reports on Challenges (15 minutes)

Questions for discussion



- *What was it like to share your experience?*
- *Who did you share it with?*
- *How did she respond?*
- *Were you surprised at her response?*
- *What was the most significant thing about meeting someone with HIV or AIDS?*

II. Introduction/Definitions (20 minutes)

Directions for the program coordinator

Begin the session with a few facts about sexual assault and abuse.

Facts on Sexual Abuse and Assault[1]

- 1 in 4 females and 1 in 6 males will be sexually assaulted by age eighteen
- half of all reported rapes occur to adolescents
- half of all rapes happen between people who know each other
- half of all rapes occur in the daytime
- **No adult, youth, or child who has been sexually assaulted or abused is responsible for that action.**

Given these statistics, it means that most youth either know someone who has been assaulted or have been assaulted themselves. Tell the trainees this is often a difficult topic for people to talk about and ask them to be particularly sensitive to others' feelings at this session. Emphasize for the group that if this triggers personal experiences for anyone, she should speak with one of the trainers who will refer her to someone who can provide information and private counseling. State up front any reporting requirements mandated by your state law and what that means for information shared that is required to be reported.

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[1] *Painter, C. 1989.* *Friends helping friends.* *Minneapolis, MN: Educational Media Corporation. p. 125.*

Definitions

Break the group into five subgroups and ask each group to write a definition for one of the following: sexual assault, sexual harassment, date (acquaintance) rape, child sexual abuse. The following definitions are adapted from laws in the state of Wisconsin. Contact your local rape crisis center to get the legal definitions of sexual assault, harassment, date rape, sexual abuse, and consent. It is important for youth to understand their legal obligations for reporting sexual abuse. Be clear on that before you begin this session.

Leader Guide Definitions
(From State of Wisconsin, Check with your state)

Sexual Assault - Any sexual contact with a person without the consent of that person. Sexual contact is defined as any intentional touching by the intended victim or by the assailant, either directly or through clothing by the use of any body part or object, of the intimate parts of a person, clothed or unclothed for the purposes of sexually degrading or sexually humiliating the intended victim or to sexually arouse or gratify the assailant.[1]

Sexual Harassment - verbal threats that revolve around sexual issues. For instance, unwanted pressure to engage in sexual acts, or to go out on a date, that is usually given with a threat . . . if you don't engage in this activity then there will be a consequence.

Date (Acquaintance) Rape - Any intrusion, however slight, into a person's genital or anal opening by any object or part of another person's body, or oral-genital contact. This intrusion may be caused by the direct act of the assailant (known to the victim) or may occur as a result of an act by a victim who is obeying the "date's or acquaintance's" instructions due to physical or verbal threats.

Child Sexual Abuse - Sexual contact between an adult and a child under the age of consent.

Incest - Sexual contact or intercourse between a parent and his/her offspring, grandparents, aunts/uncles or cousins closer than 2nd cousins with grandchildren, nieces and nephews, between siblings, cousins or a caretaker with a child in which the child is involved in a trusting relationship.

Consent - The law defines the word "consent" to mean words or overt actions by a person indicating a freely given agreement to have sexual intercourse or contact. For each state the age in which a person capable of consent varies. Sexual intercourse with a person who is too young to provide consent will be treated as sexual assault. People who have a mental illness or deficiency, and people who are unconscious or physically unable to communicate are assumed to be incapable of consent but that assumption can be challenged in court.[2]

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[1] *Life and Bodily Security Statutes, Section 940.225 Sexual assault. State of Wisconsin. These laws vary by state.*

[2] *Ibid.*

After all the groups have written out their definitions, bring them together and have them share their definitions with the entire group. Discuss any differences of opinion. When discussing consent ask "How do you know if someone has given consent?" Note that it is not black or white. For instance, if a person on a date cannot say no because of physical or emotional coercion, then that person did not give consent, even if she was forced to verbally say "yes."

Reporting

Discuss the legal obligation to report sexual abuse and/or assault and the laws surrounding it. Develop a handout that describes your agency's procedures for this sensitive and extremely important issue.

III. Myths/Facts (15 minutes)

Directions for the program coordinator

Introduce this exercise with, "Sexual assault and abuse is a topic that is often not discussed openly. As a result, a lot of myths surround the issue. In order to be a more effective listener and to be able to provide a referral for someone who is a victim of sexual abuse or assault, it is important to correct any misunderstandings you might have about this topic. For the next ten minutes, we will address some common myths and facts."

Ask the group the following questions and write on the newsprint their responses. Then, circle or add the facts from the list below. Discuss with the group where their information came from and how correct information may change their perceptions.

Questions

Where does sexual assault take place?[1]

MYTH	FACT
in dark places	*everyday situations*
outside	*at home*
alleys	*at parties*
city streets	*at work*

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[1] *Reprinted through the courtesy of the National Life Education Network by Caren Adams, Jennifer Fay and ETR Associates.*

How does it happen?

MYTH	**FACT**
weapons *coercion* *violent attack*	*force usually means threats or pressure by an acquaintance*

When does it happen?

MYTH	**FACT**
spontaneous	*anytime of day or evening* *it is usually planned*

Who is the offender?

MYTH	**FACT**
stranger	*an acquaintance*
dirty old man	*not dirty or different, mostly men, but some are women*
crazy	*young (average age: 20 - 25)*
different	*looks and acts "normal"*

Why does the offender engage in this behavior?

MYTH	**FACT**
sex starved	*not primarily motivated by sex* *power seekers*
gay	*most rapists have sexual partners* *gay or straight*

Who are the victims?

MYTH	**FACT**
pretty girls	*both male and female*
young	*age: infant to elderly (however majority of date rape happens to young women)*
poor/wrong side of the tracks	*all socioeconomic groups*
no one you know	*people you know*

Why does sexual assault happen to the victim?

Myth	**Fact**
sexy dress	*ordinary dress and behavior*
seductive	*victims never cause the sexual assault* *no one has the right to touch you without your consent*

IV. Role-Play (35 minutes)

Directions for the program coordinator

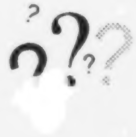
Introduce these series of role-plays by bringing up earlier discussion points such as, "Sexual assault, whether occurring on a date or, less likely, as a violent attack by someone unknown to the victim, involves coercion. Coercion can range from using verbal commands, threats, or bribery designed to talk someone into doing something they do not want to do, or at the other extreme, physically threatening someone."

Role-Play I

Think about the following situation between two siblings: It's time to do the dishes. The older sister, whose turn it is to do the dishes is trying to talk the younger brother into doing the dishes.

Ask for two volunteers to act out this situation. Explain to each volunteer their particular role and give them two to three minutes to resolve the situation.

Discussion questions



- *How did the older sister try to get the brother to do the dishes? Was there any bribery? Threats?*
- *How did the sister feel?*
- *How did the brother feel? Did the brother feel that he had any recourse?*
- *How is a situation in which one person tries to coerce another to do the dishes related to sexual abuse?*

Points to stress

This role-play focused on how coercion is used every day in our lives. Learning how to say "no" is very important. Younger children who are interacting with a trusted adult are not in a position to say "no." However, as children get older and become adolescents, saying "no" becomes an important skill to learn.

Role-Play II

The following role-play examines coercion on a date. Ask the youth to think about what types of coercion are being used during the role-play (emotional; bribery; making someone feel that they are a bad person if they don't do something physical). Ask for two volunteers. Give them the following roles privately. Do not read these roles to the group.

Sara — You are nervous about this date. You think Lenny is really cool because he is older, has had more dating experience, and is really good looking. You have not thought about what you want to happen on the date or where you want to go, because you are nervous about how you should act and whether he'll like you.

Lenny — You're out to have a good time and fool around. You figure you'll take Sara out to a secluded park and go as far as you can.

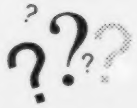
Set the stage with the following description:

Sara and Lenny just met. Lenny, age eighteen, asks Sara, age fourteen, out on a date. Sara agrees, although she's never been out on a date before with someone she barely knows. Lenny picks Sara up at her house. She has told her parents she is going out with her best friend Mary.

The Scene — Lenny has just picked up Sara.

Let the role-play go on for a few minutes or until some conclusion has happened so you have something to talk about. Discuss the role-play, beginning by asking the two volunteers to state how they feel. Pose some of the following questions to the volunteers and to the group.

Questions



- *How did the volunteers feel acting out these parts?*
- *What felt normal, uncomfortable?*
- *Was there any coercion between the two actors? If so, describe it.*
- *How was the communication? What messages were heard?*
- *Did the two have similar expectations for the evening?*
- *How can you set expectations before going out on a date?*
- *Do females feel like they should act a certain way?*
- *Do males feel like they should act a certain way?*

Read over the "Romantic Code" and discuss with the group whether they agree or disagree with it. What sounds familiar to them? Do they agree or disagree with any of the sex roles society reinforces?

The Romantic Code[1]
Society Says for Females

- Love, sex, and romance go together.
- Girls are responsible for how far sexual advances will go; they are responsible for stopping the advances.
- If they say "yes" to sex, they are easy. They must be "swept away."
- They give sex, but don't want it.
- Girls must be attractive but not too attractive or they will be called "seductive."
- Their role is to be passive, dependent, nurturing.

The Romantic Code[2]
Society Says for Males

- Sex is okay without love or romance although you may have to say you are in love.
- Males must make advances but face frequent risk of rejection.
- Males have lots of sex and lots of sexual partners; their sexual urges are uncontrollable.
- They take sex, but don't provide it for females.
- It's a real plus to be attractive, but it's not required for sexual success.
- Males should be aggressive, tough, independent.

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[1] *Adams, C., J. Fay, and J. Loreen-Martin. 1984. No is not enough: Helping teenagers avoid sexual assault. San Luis Obispo, CA: Impact Publishers.*

[2] *Ibid.*

V. Break (10 minutes)

VI. Is It All Right? (15 minutes)

Directions for program coordinator

This exercise will examine attitudes about date rape. After you read a statement, ask the group to discuss whether the answer is true or false.[1]

It is acceptable for one person to hold another person down and force him or her to engage sexual intercourse if:

1. The aggressor had spent a lot of money on the date.
2. The aggressor is so turned on and cannot stop.
3. Each has had sexual intercourse with other people.
4. The aggressor is stoned or drunk.
5. The victim touches the aggressor in a sexual way.
6. The victim was going to have sex but decided not to.
7. They had dated for a long time.
8. The victim "led the other on."
9. The victim gets the other sexually excited.
10. The victim was hitchhiking.
11. Both have a bad reputation.
12. They have had sexual intercourse with each other before.

Points to stress

In all the above cases, it is NOT acceptable for a person to hold another person down and force him or her to engage in sexual intercourse. There is no justification for forcing someone to engage in sexual intercourse. If someone is forced, it is rape.

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[1] *This material has been taken from the booklet Top secret: Sexual assault information for teenagers only, by Jennifer Fay and Billie Jo Flerchinger 1982, 1988. King County Sexual Assault Resource Center, PO Box 300, Renton, WA 98057.*

VII. If Someone You Know Has Been Sexually Assaulted (20 minutes)

Directions for the program coordinator

Read the following to the group: "During your work as a peer leader/helper/counselor and throughout your lifetime, a friend or peer or family member may confide in you that she has been sexually assaulted. Given the statistics, it is likely that someone you know has been sexually assaulted."

The trainee's role in this situation is to (write on newsprint):

1) listen;
2) validate the person's feelings while reinforcing that she is not to blame.

Possible Feelings after Being Sexual Assaulted

- Angry
- Guilty
- Depressed
- Isolated
- Scared
- Dirty
- Hostile
- Fearful

3) Identify an appropriate referral for the person and help her use the resource.

You should hand out a list of referrals. Also, you should discuss who the peer counselors should call — the program coordinator or some other person, if this happens while they are volunteering.

Discuss how to handle a situation if someone was recently sexually assaulted or if the rape occurred in the past and the person hasn't really discussed her experience with anyone but feels like she would now like to talk with someone. Connect that person with the local rape crisis center to receive counseling. ***Emphasize that peer counselors should not play the role of a counselor***. Explain to the peer trainees that their role is to listen and be empathetic to the person, but explain that they should find a counselor who has been trained in this area and who has lots of experience with rape victims for the person to talk with.

VIII. Challenge (10 minutes)

Visit your local rape crisis center and talk with a counselor or hotline volunteer about their work experiences.

IX. Checkout (40 minutes)

SESSION XIV
Suicide Prevention

Goal: to increase knowledge and awareness of suicide, to be able to identify warning signs, and to explore how to handle stress.

Outline		**Time**
I.	Reports on Challenges	30 min.
II.	Suicide Myths/Facts	30 min.
III.	Stress Causes and Coping Skills	30 min.
IV.	Break	10 min.
V.	I Am Loveable and Capable	35 min.
VI.	Positive Labels	10 min.
VII.	Challenge	5 min.
VIII.	Checkout	30 min.

Materials Needed

- Ball of yarn
- Scissors
- Paper/markers
- Tape or pins
- Colorful blank stickers
- Attendance Sheet
- Refreshments
- Newsprint, markers
- Challenge Report Forms

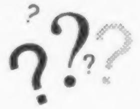
Special Notes to the Program Coordinator

It is important to have two trainers at this session in case someone becomes very upset. It allows for one trainer to tend to that person while the other continues the session. Leave extra time to "checkout" because this session will bring up difficult issues for many in the group.

SESSION XIV
Suicide Prevention

I. Report on Challenges (30 minutes)

Questions for discussion



- *Who went to the rape crisis center?*
- *What was it like?*
- *What did you learn?*
- *How would you refer someone there?*

II. Suicide Myths/Facts (30 minutes)

Directions for the program coordinator

You should begin this session with some general information on suicide and make a connection between alcohol and other drug use and suicide.

General Facts on Suicide

Every day at least 1,000 U.S. teenagers attempt suicide, four attempts every five minutes. These youth are usually dealing with depression, low self-esteem, social isolation, and hopelessness.[1]

Despite the high rate of suicide attempts, adults and youth often feel uncomfortable discussing the topic. A lot of this discomfort is a result of misinformation about suicide.

White teenage males are more likely to attempt and succeed in killing themselves than white females and black males and females. Black teenage males are more likely to die from homocide than suicide.

Now read a series of true or false statements that the group will discuss. You should provide the correct answer only after the group has discussed each statement, and clarify any questions.

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[1] *Brown, S., L. Coleman, R. Schroff, and C. Boggis. 1987. SOS runaways and teen suicides: Coded cries for help. Portland, ME: University of Southern Maine. p. 10.*

Myths and Facts about Suicide[1]

1. *Most teenagers who attempt to commit suicide really want to die.*

   False. Most teens are very ambivalent about dying. Usually a suicide attempt is a desperate cry for help. To provide that help, we must try to tip the scales toward life.

2. *Suicide can be an appropriate solution for ending the misery experienced by some adolescents.*

   False. Of course there must be a better answer. Adolescents, especially those who are depressed, have difficulty believing they will survive adolescence. They often think their conflicts can never be resolved, they see their problems as never-ending and their situation as hopeless. Teens do not view death as a permanent situation and may see suicide as a "temporary" solution. As care-givers we must show them that there is always a more appropriate solution than ending their lives.

3. *Suicide is the second most frequent cause or death for fifteen to twenty-four year olds nationwide.*

   True for white youth. It ranks only behind accidents (many of which are considered to have suicidal intent). However, for black teenage males, homicide is the second most frequent cause of death.

4. *Nothing can be done to stop an adolescent from killing herself once she has decided to commit suicide.*

   False. The "suicidal crisis" is usually brief, only lasting a few hours. If the adolescent is helped through this crisis she will be thankful to be alive.

5. *The adolescent who fails at suicide the first time will eventually succeed.*

   False. Most adolescents attempt suicide to call attention to the emotional pain they are suffering. If they receive the help for which they are asking, they have no need to attempt suicide again. Only one percent of all survivors of suicide attempts kill themselves within one year, and only ten percent within ten years.

6. *Talking about suicide with depressed teens may prompt them to kill themselves.*

   False. This is a very widely believed myth. Actually, talking with teens directly about suicide has been found to be the most effective method of assessing and preventing suicide. It shows that you are willing to discuss the feelings most frightening to teens. They are relieved to discuss what has so obsessed them.

---

[1] *Brown, S., L. Coleman, R. Schroff, and C. Boggis. 1987. SOS runaways and teen suicides: Coded cries for help. Portland, ME: University of Southern Maine. p. 10.*

7. *Suicide often occurs out of the blue without any warning.*

False. Eighty percent of suicidal adolescents have given warnings or threats before attempting suicide. This is why it is so important to be able to recognize the warning signs.

8. *Adolescents who talk about killing themselves are looking for attention and are not serious about killing themselves. They should be ignored.*

False. Teens who talk about killing themselves may be looking for attention, but such an act is a desperate cry for help. If we ignore this message, the teen might have to try something more drastic next time.

9. *Two-thirds of adolescents in runaway shelters may be actively thinking about suicide.*

True. Shaffer and Caton (1984) found this in their survey of runaway shelters in New York.

10. *There is a certain type of adolescent who commits suicide — usually one who is from a poor family or mentally ill.*

False. Suicide claims the lives of adolescents from all ethnic and financial backgrounds. These adolescents may be grossly unhappy but not necessarily mentally ill.

11. *A first step in preventing suicide is to talk about it directly.*

True. Discussing suicide openly is one of the most helpful things you can do. It shows that you are taking the person seriously and that you care and it relieves the teen of a very heavy burden.

12. *When a depressed person begins to cheer up, the danger of suicide has passed.*

False. A teen who "seems to be getting better" may in fact be very much at risk. The reason is that depression often dulls the ability to act. While in the depths of depression, the person may wish to die and may actually plan to end his life, but lacks the willpower or energy to do it. As depression lifts, the ability and energy to act returns and suicide plans made earlier can now be carried out. Improvement in mood should not necessarily be interpreted as meaning that someone is totally out of danger.

13. *Suicide runs in families, so you can't do much to prevent it.*

False. Suicide is not hereditary. However, suicidal behavior can be modeled on a relative or close friend, so it is important that you help the adolescent learn that there is a better way of coping with problems than ending life.

14. *Once a person tries to kill himself and fails, the excruciating pain and shame will keep him from trying again.*

    False. Without the proper help, a person may suffer more guilt about his feelings and actions than ever. The pain and shame of an unsuccessful attempt might lead to a fatal attempt. Once the barrier between thought and action is crossed, subsequent attempts are easier, if conditions that brought about the first attempt haven't improved.

15. *People who see a psychiatrist rarely commit suicide.*

    False. Don't assume that the person has divulged his suicidal feelings to the psychiatrist and is receiving proper attention. If the person seems suicidal you should take action; don't assume that she is under control.

16. *Young people can't really commit suicide because they do not fully understand the meaning of death.*

    False. Although most teens can't understand the finality of death nor understand the lethal nature of their actions, it doesn't prevent their actions from being lethal. You don't have to comprehend death to die.

17. *Adolescents who attempt suicide and immediately tell someone are just being manipulative.*

    True, they may be manipulative, but a suicide attempt is their method for expressing a cry for help. Take them seriously, as they are trying to let you know how serious their pain is. We need to help them learn more positive ways of getting attention.

18. *Adolescent boys are more likely to commit suicide than adolescent girls.*

    True. Girls account for 90 percent of all adolescent suicide attempts, but boys account for 75 percent of completed suicides (Cantor, 1985).

19. *Assessing suicide risk is best left to mental health professionals.*

    False. Preliminary assessment can and should be effectively done at runaway shelters or wherever you recognize behavioral messages or cries for help. Waiting for an appointment with a mental health professional may waste crucial time.

20. *Staff and volunteers at runaway shelters can have a significant impact in preventing adolescent suicide.*

    True. You can make a difference by being a significant person, seeing a youth at the point she enters the shelter services, being aware of a teen's behavior, accurately assessing suicidal risk, and helping with short-term interventions.

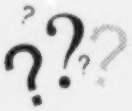
III. Stress Causes and Coping Skills[1] (30 minutes)

Directions for the program coordinator:

All of us experience stress in our lives and at some moments it can seem overwhelming, for example around exam time. Ask everyone to move into a circle on the floor (if they aren't already). Take out the ball of yarn or string. Explain to the group that one person will take hold of the end of the string and throw the ball to another person in the circle. While throwing it the person will say one thing that causes stress in her life such as "I feel stress when I miss a deadline in school" or "I feel stress when my mother yells at me for no apparent reason."

Another person catches the ball of string, holds on to her end, and throws the ball to another trainee. At the same time she says one thing that causes stress in her life. This is continued until the entire group has caught the ball. The yarn will make a web. The program coordinator states, "This web visually demonstrates how stress can cause a lot of confusion and anxiety." Now take the scissors and ask each person to cut their string while stating one thing that helps them to cope with stress, such as exercising, planning work ahead of time, or going to the movies.

Discussion questions



- *After everyone has finished, ask the group how the exercise made them feel.*
- *Did they agree with what others stated causes them stress?*
- *Explore more ideas about handling stress.*
- *Are there people they particularly like to talk with when they are under pressure?*
- *Does physical exercise help relieve tension?*
- *List on newsprint the positive and negative ways of dealing with stress.*

IV. Break (10 minutes)

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[1] *Girls Inc. 1989.* Friendly persuasion*. Indianapolis, IN.*

V. I am Loveable and Capable[1] (35 minutes)

Directions for the program coordinator

Begin this exercise with the statement that we are all loveable and capable people. You can add, "Sometimes however, during the course of our daily lives, interactions with others begin to wear down on our feelings of self-worth."

Ask the group to take a piece of paper and write on it "I am loveable and capable" and pin, tape, or hang the sign on themselves. Tell the group, "As I read this story about Jody, tear off a piece of the sign each time you feel that her feelings about herself as a capable and loveable person have diminished. Imagine that you are the Jody in this story."

> *Jody is fifteen years old and is going through some typical growing pains. Jody doesn't really like how she looks and feels that it is difficult to make friends.*
>
> *Jody's father announces that the family is going to move to another neighborhood in their city and that Jody will be changing schools. Jody is very angry and tells her parents that she can't stand them and that they never consult with her before making big decisions.*
>
> *Jody and her family move. Jody feels somewhat lonely because she doesn't know anyone in her new school. However, the second week at school Jody meets several school mates who she really likes.*
>
> *Jody's parents have been fighting a lot and recently have announced that they will be getting a divorce. Jody feels responsible for their failed marriage. Jody feels that if only she wasn't angry with them and got along with them, they wouldn't be getting a divorce.*
>
> *As a result Jody is more withdrawn lately. Jody doesn't share her feelings with her few new friends. They think Jody is acting strange and stop inviting her to do things. However, Jody has joined the swim team to avoid spending time at home and this is the one activity that Jody really enjoys.*
>
> *Jody begins to spend a lot of time alone. Jody's grades begin to drop. She is kicked off the swim team because she cannot keep her grades up.*

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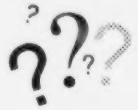
[1] *Mendocino County Youth Project. May 1990.* Youth Empowerment Seminar Booklet. *Ukiah, California.*

Discussion questions



- *Who has the biggest label left? Who has the smallest?*
- *Do the same events affect people differently?*
- *If you were Jody's friend what would you do?*
- *What are some positive coping mechanisms that would help Jody? What were some unhealthy coping mechanisms that Jody used? What would you say to Jody?*
- *Jody's situation is similar to many youth today. Imagine if Jody was also dealing with sexual abuse or physical abuse. Imagine if Jody had run away from home and lived on the streets for awhile. How would Jody be feeling?*

VI. Positive Labels[1] (10 minutes)

Directions for the program coordinator

Tell the group, "It is clear to see through Jody's story that it is easy to begin to feel less positive about ourselves. Yet, we all have positive qualities that make us who we are."

Pass out color stickers to everyone and ask each person to write down their positive qualities, not their skills (good dancer), but qualities (good listener, adventurous, smart, creative).

Then, ask each person to stick these qualities on themselves. "We all label ourselves. It is important to keep the labels positive."

After everyone has put labels on, ask each person to shout out loud one of the many positive qualities that they have. In closing, tell the group to keep thinking about their positive personal attributes when they are feeling bad about themselves, or lonely.

VII. Challenge (5 minutes)

In the next week, practice one positive way of dealing with stress that you have never done before. Practice it at least three times.

VIII. Checkout (30 minutes)

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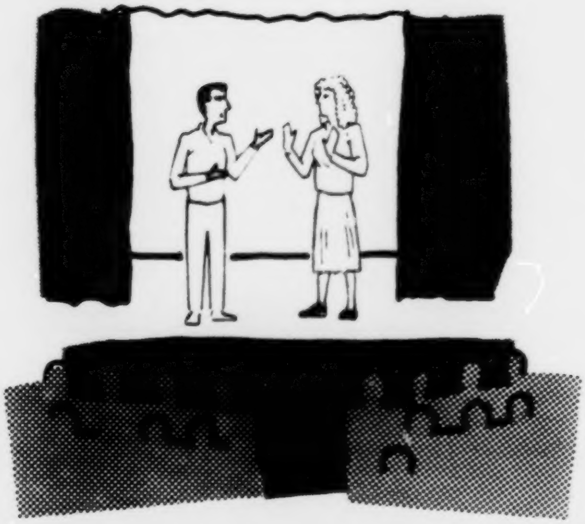
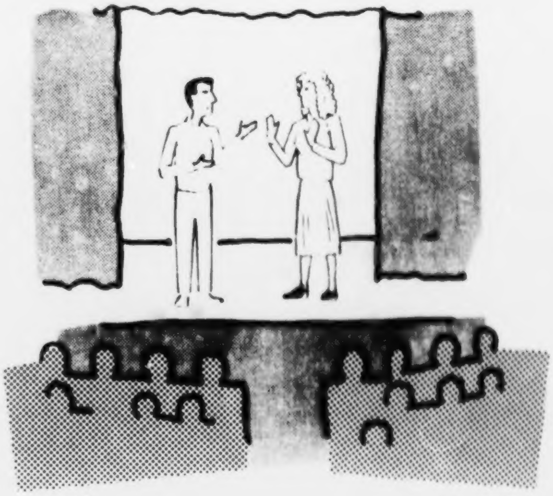
[1] *Mendocino County Youth Project. May 1990. Taken from the Youth Empowerment Seminar, Workshop on Loneliness. Ukiah, CA.*

Note: This is the last session in the Core Training. The next training session should focus on the specific skills the peer leaders will need to conduct their alcohol and other drug-use prevention activities. Chapter V presents information on what this part of the training should include.



V TRAINING FOR SPECIFIC ALCOHOL AND OTHER DRUG USE PREVENTION ACTIVITIES



V. Specific AODU Activities

This chapter describes three peer programs in community-based agencies that serve homeless, runaway, and other youth in high-risk situations. Each program description provides information on the following: staffing, training, and administrative issues. These programs involve youth in alcohol- and other drug-prevention activities, such as a teen hotline, teen theater, and peer education and counseling. In addition, youth serve on boards of directors, providing effective youth involvement in all agency policies, including those relating to alcohol and other drug use.

Because each program description was provided by the sponsoring organization, the descriptive style will differ from the Core Training. Additional information on any of the programs is available from the sponsoring agency, all of which are listed under "Resources" in Chapter VI.

How To Implement a Peer Telephone Line and a Peer Education Drama Group

by Mary Ellen Blandford, Briarpatch, Inc.

Briarpatch, Inc., located in Madison, Wisconsin, is a private, nonprofit, community-based, multi-service agency serving teens and their families. In operation since 1971, the agency has worked with thousands of teens and families through its various programs. The agency, once solely a crisis-intervention center, is now a primary community resource for youth and families at many different levels. As such, Briarpatch provides a continuum of services through four components: Crisis Intervention/Runaway Services, Group Services, Family Counseling, and Prevention.

The prevention component of the agency has existed formally since 1985 (although some programming existed earlier). Its dual commitments are to

> 1) reduce the incidence of unhealthy responses to the emotional/social issues associated with adolescence; and
>
> 2) provide youth with opportunities that allow them to feel positive about themselves and their roles in their communities. By using teens in a variety of planning, policy-/decision-making, and service delivery roles (including peer education/peer helping), Briarpatch is able to increase youth access to positive, social role models; to increase their knowledge about life options; to provide them with opportunities to develop positive bonds with their families, schools, and/or communities; and to increase positive peer influence.

Since 1979, Briarpatch has operated the Teen Rap Line, a peer counseling telephone hotline. In operation six hours a day (4 p.m. to 10 p.m.), seven days a week, Teen Rap Line is staffed by trained teenage volunteers who work two, two-hour shifts each week. Over its ten years of providing services, the Teen Rap Line has provided peer-helping opportunities to approximately 450 teens and peer-helping services to approximately 10,000 youth.

Implementing a Hotline

Staffing

A hotline needs one full-time coordinator, and as many trained volunteers as are appropriate to the scope of the project. The person coordinating the teen run hotline should have training and experience in working on a community-based hotline, in addition to the criteria listed in Chapter I.

Training

At Briarpatch, peer helpers receive about fifteen hours of training beyond the basic training outlined in the Youth-Reaching-Youth Manual, Chapter IV. The training consists of 1) additional role-plays and feedback on handling calls; 2) practice shifts on the hotline; and 3) orientation to hotline procedures.

The following information on these three training topics provides a framework for conducting your own specialized trainings.

Role-Plays and Feedback

The program coordinator should explain that role-play is an important part of learning to be a telephone counselor. Role-playing a helping situation isn't exactly like the real thing, but it is the best way we have to practice, so it is important to take your role seriously, especially when you play the role of the caller. The more you are able to get into your role as caller, the more useful the role-play will be for the person playing the helper.

There are two parts to every role-play — the role-play itself and the feedback. Without helpful, nondestructive, honest feedback, the role-play is next to useless. When you give feedback on a role-play, you help train each other. The person giving feedback is learning as much as the person receiving feedback.

Learning to Provide Feedback

When you give feedback, it's important to describe specific skills and give concrete examples. Saying "It was good" may boost someone's ego, but it isn't going to help them become a more effective peer helper. But saying "You listened well and asked open-ended questions" will. When receiving feedback, listen without getting ready to defend yourself. If you don't get a specific example, ask for one. Look at feedback as useful information that can help you become a more effective peer helper, rather than as a personal put-down.

The program coordinator can help the trainees deal with feedback by avoiding the use of judgmental words like "good" and "bad," because unless they are actually being nasty to the caller, they are probably not doing anything "bad." The program coordinator should try giving feedback in terms of the level of effectiveness of the helper's choices: i.e., "I think it would have been more effective, John, if you had said …" Also, let the trainees give each other feedback before you do; they are going to learn more from analyzing and giving feedback themselves than they will from listening to your feedback.

Doing Role-plays

Divide the trainees into groups of four to six peer helpers. You'll want to have an experienced peer or adult helper to work with each group because it is likely to be a while before the trainees are able to give really effective feedback. Have each group decide who will start as helper and caller. The caller can either make up a problem situation, use one supplied by you, or use a real situation from their own life. Be careful about using real-life situations; the point of doing telephone role-plays is to help the trainees learn how to be telephone counselors, not to help them work through personal problems. While some actual telephone counseling situations can last an hour or more, you are most likely going to stop each role-play after ten minutes or so. This can be very difficult to do if someone's talking about a real problem and she interprets feedback as criticism of herself or her problem.

Before the role-plays begin, go over a number of important procedures with the group. First, explain the procedure to use when answering the phone. We say, "Hello, Teen Rap Line. This is Lisa." Explain a few of the typical ways a caller might begin (i.e., they might hesitate, or be embarrassed, or need to be reassured of confidentiality, etc.) Go over the "Guidelines for Observing Role-plays," it's a good guide to use while giving feedback. This handout can also help the person acting as the helper get a handle on how to use their skills during the call (i.e., begin with attending to and exploring/reflecting feelings; move to information gathering with open-ended questions; then explore options and make referrals). Trainees have a tendency to want to explore options immediately; explain to them how important it is to make a connection with the caller by exploring feelings first. Then, before they are ready to explore options, they need to use open-ended questions and do some summarizing, so that they have enough information about the caller's situation to help the caller explore options.

BRIARPATCH, INC.
GUIDELINES FOR OBSERVING ROLE-PLAYS

When observing a role-play, look for the following behaviors and qualities in the helper:

- Uses appropriate attending skills (tone of voice, statements which encourage the caller to talk).
- Demonstrates empathy, explores, and reflects feelings.
- Uses open-ended questions.
- Appropriately uses helper confrontation.
- Explores options with caller.
- Appropriate use of referrals.
- Other comments.

That is probably all you will want to say before actually having them do a role-play. While there is other information you could give them at this point, let them try a role-play first. Too many helpful hints in the beginning will overwhelm them. You will have time to tell them more when you give feedback after the role-play.

Practice shifts

About midway through training, we have each trainee come in for a practice shift. The practice shift is the time for them to learn what it's really like to work on the Line. They learn procedures (how to write up calls; where the schedule is; etc.), monitor any telephone calls, and do some role-plays.

Administrative Issues to Address

If you already have an agency hotline, are you going to start a separate, *peer-counseling line (like Briarpatch), or are you going to have teens available to take counseling calls on your regular line?*

The benefits of having a separate teen line is that youth may be more likely to call other youth.

What days and hours will the hotline be open or when will teens be available?

We have set the schedule according to the times in which the youth are available to staff the hotline — 4:00 p.m. to 10:00 p.m. Also, this is a time when youth are out of school and more likely to call.

How will volunteers be scheduled to work?

Briarpatch asks peer helpers to work two, two-hour shifts a week. We post a blank schedule a week in advance, and volunteers sign themselves up for shifts. They have the option to do their two shifts at different times, or in one, four-hour block. As an alternative, teens may fill in an availability form, from which the program coordinator can complete the schedule.

Where will the peer hotline be located in your building?

Will the peer helpers have a separate room/office that is just for them, or will they share space with staff or other volunteers? At Briarpatch, the peer helpers have their own room, and even though they spend time in other parts of the agency, we have found that it is very important to them to have their own space. Admittedly, it is a luxury to have enough space to be able to give them a whole room, and we have not always been in this position. When we started our hotline, it was in the kitchen! The important thing is to give the peer helpers some control and choice over their space.

How will the telephones be answered during off hours?

At Briarpatch, we use call forwarding so the adult volunteers can answer the peer hotline when peer helpers aren't available. At 10 p.m., when the peer helpers are finished with their shift, they call-forward their line so their calls are forwarded to our main crisis line. An answering machine with a recorded message is also an option.

How will your peer helpers receive support and supervision?

This is a crucial question to answer BEFORE you start a hotline. At Briarpatch, because the program coordinator is not necessarily in the building when the peer helpers are, they fill out a contact sheet on every telephone call (see "Teen Rap Line Incoming Telephone Contacts" form on page 5-10). Not only is this an easy way to keep track of statistics, but it also helps the coordinator keep tabs on how individual peer helpers are doing, and alerts her to provide followup with feedback and support as needed. In the event that a peer helper receives a crisis call that is beyond her capability, an adult supervisor is available at all times for support and to provide supervision. A monitor or speaker telephone can be helpful for difficult calls; another counselor (peer or adult) can listen in and help out with the call.

What procedures will you use to handle the really serious crisis calls like suicide, or for prank calls?

If you do have a hotline, you can probably use the same procedures with the peer hotline. Unless you advertise as a crisis line, you are unlikely to get many calls like these, but it is better to have procedures in place and never use them, than to have a suicide call taken by a peer helper who doesn't know what to do. Briarpatch developed the "Brief Guide to Counseling Suicidal Callers" handout for this purpose (example follows on page 5-11).

Briarpatch also developed a handout on handling prank calls from people who masturbate while on the telephone. Callers engaging in this behavior may scare or disturb peer helpers if they are not prepared to handle the call. The "Sexuality/Masturbation Tips for Handling Calls" was designed to train youth to know how to handle this type of call (example follows on page 5-14).

Advertising

You will want to involve youth as much as possible in all advertising for THEIR hotline. Have them come up with a name for the hotline. Be careful with trendy names. In 1979, when Briarpatch named the Teen Rap Line, "rapping" meant something very different from what it does today. Once you have a name, ask youth to help design a poster and put it up wherever teens might see it (malls, schools, youth centers, churches, buses, clinics, etc.). We also have business cards that we give to counselors in the schools and to youth workers in the community.

Do as much advertising as possible. Put public service announcements on radio and TV stations that teens listen to. When you first open your hotline, do press releases to local media — maybe you can get someone to write an article on your hotline, or cover it on the six o'clock news. Make sure that local-school peer-helping programs know your hotline exists as a referral source for their clients. Have your peer helpers do presentations about the hotline in schools, churches, community centers: anywhere there are groups of teens.

Procedures

Here are a list of policies and procedures to consider before starting your teen hotline:

1) logging all telephone calls,
2) closing the office at night,
3) providing referrals,
4) handling difficult calls,
5) signing up for shifts,
6) if an emergency arises and a peer helper can't make a shift,
7) peer helper experiencing personal problems (i.e., leave of absence),
8) activities for slow periods, when there are few or no calls, and
9) consequences for not following policy and procedures.

BRIARPATCH, INC.
TEEN RAP LINE INCOMING TELEPHONE CONTACTS

Teen Rapper's name: ______________________ Date: __________

Name of caller: ______________________ Sex: M F Age: _____

Time of call: _________ a.m./p.m. Length of call: ____________

Repeat ___ yes ___ no

How did caller hear about TRL/Briarpatch? ______________________

Where does the caller live? (include County) ______________________

TYPE OF CALL DETAILS

A. RUNAWAY

B. RELATIONSHIPS

C. SEXUALITY

D. ALCOHOL/DRUGS

E. INFORMATION
(BP, TRL, hours, etc.)

F. OTHER (Please specify)

____

____

REFERRALS

__Briarpatch
251-1126

__DC Crisis Line
251-2345

__DC Social Services
249-5331

__Poison Control
262-3702

__AA 222-8989
Alateen, Al-Anon
241-6644

__PICADA 251-4558

__Planned Parenthood
East 244-5519
West 256-7257

__National Runaway Hotline
1-800-621-4200

__Other ______________

DETAILS

Description of problem, possible solutions, and summary of client's feelings:

How did you feel about this call?

BRIARPATCH, INC.
A BRIEF GUIDE TO COUNSELING SUICIDAL CALLERS

Suicide calls are the type that many telephone counselors fear the most. We imagine that the caller is poised on the brink of death and that we alone are responsible for saving them or, should we make a misstep, pushing them over the edge. In fact, you can be very helpful to suicidal callers by relying on basic counseling skills: making emotional connection, using your listening skills and assessing for suicide risk. Here is a summary of the most important elements of a suicide counseling call.

1. Make Contact With the Caller's Feelings

Offering human contact and establishing emotional rapport are very powerful tools in suicide counseling. It may not feel like much to you, but it can be extremely effective. Rely on the basic elements of reflective listening:

- listen without judging
- reflect the caller's feelings
- ask open-ended questions
- demonstrate your concern
- affirm that things are bad for them

You'll probably feel scared; it's only natural. Take the call slowly. Try to sound calm and reassure yourself that it's very unlikely that you'll push the caller over the edge.

2. Assess for Suicide Risk

Whenever you're counseling, you should keep in mind the risk factors associated with suicide. Some of these risk factors are:

- Previous suicide attempts. Past suicidal history is the most important predictor of suicidal potential. Ask the caller if they have ever attempted before.
- Family history of suicide or suicide threats, or friends who have committed suicide. Ask about these as well.
- Depression, hallucinations, or other major mental health problems. Of course, most suicidal callers will be depressed. Try to find out whether depression or other emotional problems are an ongoing concern.
- Alcohol or other drug abuse. Alcohol lowers inhibitions and can make one more courageous or impulsive and thus more likely to attempt. Ask the caller whether they have been drinking, and listen to their voice; do they sound as if they might be intoxicated?
- Stress, especially associated with a major loss. Ask the caller about stress in their life and about any important changes or losses they may have experienced.

If you identify any of these risk factors, encourage the caller to talk about it. Do not be afraid to ask direct, specific questions about the caller's suicidal intentions. Some important questions are:

Do you ever feel like killing yourself?

Have you ever felt this way before?

Have you ever tried to hurt yourself before?

Have you thought about how to do it?

What's your plan?

Are you alone?

Is the method (pills, gun, whatever) available?

Do you have the method with you now?

When will you do it?

Where will you do it?

Have you taken any drugs lately? What and how much? (If yes, have your co-counselor contact Poison Control and the staff on call).

Keep in mind the acronym SAL:

S = Specificity: How specific and detailed is the plan?
A = Availability: How available is the method?
L = Lethality: How lethal is the method?

If the plan is specific and the method is lethal and readily available, then the person you are talking to is at high risk for suicide. Contact the on-call staff. Never attempt to trace a call or call the police without contacting the on call staff.

3. *Identify the Caller's Resources*

Help the caller realize that suicide is not the only answer to their problems. Offer some hope by getting them to identify resources which could facilitate change. These can include:

A. Internal Resources

Get them talking about their own personal strengths. Ask how they have gotten themselves through previous crises. See if you can find some way in which they feel good about themselves.

B. External Resources

Ask about their own existing external resources and encourage them to use them. Offer referrals. External resources can include:

- family (including extended family) and friends
- therapist, mental health service, or health care professional
- church or other spiritual connection
- school teachers or counselors
- anyone who they trust and feel comfortable confiding in

Remind the caller that suicide is irreversible and suggest that the decision can wait. The period of acute suicidal crisis is usually short, so if you can persuade them to delay, you may prevent the suicide altogether.

SOME DO'S AND DON'TS FOR SUICIDE CALLS

DON'T	*Act shocked.*
	Minimize the caller's problems.
	Try to talk the caller out of their feelings.
	Feel you have to solve their problems.
	Put the caller on hold.
	Voluntarily end the call before you think the crisis has passed.
DO	*Take it slow and avoid panicking.*
	Listen, without judgment and reflect their feelings.
	Put the call on speaker and ask your co-worker for suggestions (pass notes).
	Have your co-worker get an adult counselor to help you.
	Have the adult counselor contact the on-call staff person.

BRIARPATCH, INC.
SEXUALITY/MASTURBATION
TIPS FOR HANDLING CALLS

Masturbation is a healthy, normal process. Studies show that, in general, the earlier you start, the better off you will feel. However, people have a lot of guilt and shame about it.

Masturbation is an issue for lots of teenagers. When a person reaches adolescence, he or she must cope with new sexual feelings, urges, and desires. There is such a thing as compulsive masturbation, but for most teens, it is healthy and normal. Callers who have questions and guilt feelings about masturbation should be reassured to hear this.

However, some callers call the Teen Rap Line for the purpose of getting sexually aroused and masturbating. As a Teen Rapper, you then essentially become a non-consenting party to sexual activity. This will probably make you feel angry and violated. One way to tell if a caller is masturbating is by the amount of sexual detail he is giving you. (Most telephone masturbators are male.) The surest way to find out is to ask. One thing you might say is, "I'm uncomfortable with the nature of this call because it seems that you are getting aroused (or masturbating, or getting off, etc.). If you have a problem that you want to discuss, I am willing to do that, but I am not willing to participate in your getting aroused." If the caller continues to masturbate, end the call. Don't reinforce the behavior by continuing to listen. However, it is important to remember to have some compassion for the caller as he is a victim of his own compulsive need to masturbate.

If you have calls that make you feel angry, uncomfortable, or violated, talk about it with your fellow Rappers, the coordinator, or an adult counselor. As with all troubling calls, there is no need to handle it yourself — get some support, advice, and talk out your frustrations.

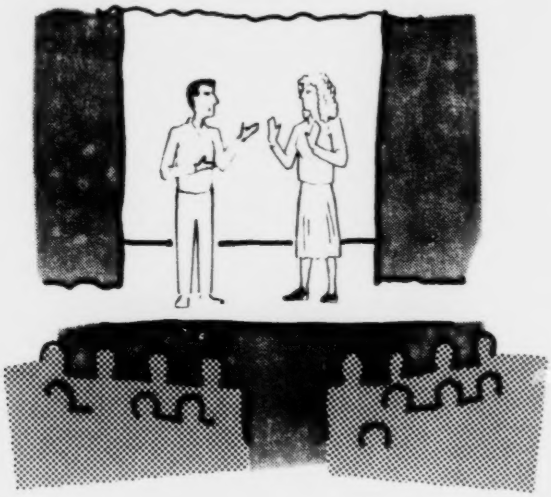
Referral Sources:
Family Therapy Center of Madison 255-9040

Lloyd G. Sinclair, Midwest Center for Sex Therapy 271-2673
(Lloyd offered to address any questions about masturbation, sexuality, etc., raised by Teen Rappers. Feel free to call him.)

Alcohol- and Other Drug-Use Prevention Education Through Teen Drama

JABONGGIT (Just A Bunch of Ordinary Guys and Girls In Theater) is a teen theater troupe that has been presenting open-ended dramas on adolescent issues to school and community groups since May 1988. Trained group facilitators (teen and adult) accompany the group and assist the audience in discussing their reactions to the various presentations. They also provide the audience with information on the subject matter in each scene. Topics addressed in performances currently include youth suicide, adolescent drug abuse, teen pregnancy, dating and sexuality, and gay and lesbian youth. Additional topics may be and often are requested by special-interest groups.

There are many ways to use drama in education; this is the way we do it at Briarpatch. JABONGGERS make up skits on adolescent issues and then use the skits to trigger discussion. This is an effective and entertaining way to engage teens and parents in discussing important adolescent issues.



Staffing

The leader(s) or director(s) should have the following skills in addition to what was mentioned in Chapter I: some theater experience (not a lot, just some) and strong group facilitation and group process skills.

Implementing a Teen Drama Program

Recruit a group of teens, probably no fewer than five and no more than twenty. All you really need are teens who are willing and able to make a commitment to the group, and who are able to get up in front of a group of people and talk. No previous acting experience is necessary (although it helps if a few of the group members have acted before).

Training

This group needs to complete the Core Training, outlined in Chapter IV, before developing and practicing skits. After the group has completed the training, set up a rehearsal schedule. JABONGGIT rehearses every Tuesday night from 6 to 9 p.m. We could use more rehearsal time, but three hours is all the time most people in the group are able to commit on a regular basis. Three hours is probably the bare minimum. There are lots of different ways to structure rehearsal time. The important thing is to come up with a rehearsal structure that meets the needs of your group.

What happens during a rehearsal depends largely on your group. If you are starting a new group, your first few rehearsals will need to be primarily group bonding activities. Then you can move on to actual drama. Here is what a typical JABONGGIT rehearsal looks like (keep in mind that this has evolved over our two-and-a-half years of existence, and that we are constantly re-evaluating to make sure this structure works for us).

JABONGGIT Rehearsal

1. **Business**, announcements, scheduling performances, etc.

2. **Check-in**. This is a chance for each group member to briefly tell how they're feeling, and share anything significant that's happening in their life. We've found that in terms of being a long-term, ongoing group, it helps to do a check-in the beginning rather than at the end for several reasons: it helps people get focused; it gets a lot of "social" stuff out of the way; and it helps our interactions for the rest of the evening if we know how people are feeling.

3. **Warm up**. Warm ups are the time to get focused and energized and to learn and practice basic acting skills. We start with about ten minutes of stretching exercises, led by the director or a group member. Then we spend 20 - 30 minutes playing theater/improvisational games. There are many very good books on theater and improvisation games; Viola Spolin's books are generally considered very good.

WARM UPS ARE VERY IMPORTANT! If you skip warm ups, you'll notice a real difference in the amount and quality of the work that happens during the remainder of the rehearsal. It's also important to warm up before every performance. If you're working with teens with no acting experience, their initial reaction to these games will probably be "This is weird," so you're going to have to do some very careful tone-setting. Explain why the games are important, and so on.

4. **Scene work**. For the first several months of the group's existence, you'll need to spend this time making up skits for performance. Once you're actually performing, you can use this time to prepare for upcoming performances, or to work on new skits, depending on your schedule. It's difficult to say how long it will be before your group is ready to perform; JABONGGIT started in May, rehearsed for three hours a week, performed for Briarpatch-only audiences in August and September, and did our first public performance at the state-level prevention conference in November. Unless you rehearse much more than three hours a week, you'll probably need three to four months until you're ready for some "internal" performances, and six months or so until you go "public."

JABONGGIT's skit development process:

a. Brainstorm and choose a topic related to alcohol and other drugs.

b. Decide where you want to go with a discussion on that topic, what points do you want to make, what do you want the audience to think about.

c. Brainstorm situations/scenarios that would elicit the discussion you are looking for.

d. Through improvisation, act out the situation that seems best.

e. Talk about what worked, what didn't, and what to change.

f. Try it again.

g. Keep going with steps three, four, and five until you are satisfied with the skit.

This ALWAYS takes more than one rehearsal period. And you are never going to know for sure how well a skit works until you have performed it a few times.

Things to keep in mind when making up skits and lessons that JABONGGIT has learned through trial and error:

- We don't have written scripts; each skit has a general story line that the actors follow, but there are no lines to memorize!
- We don't have permanent casting; each person in JABONGGIT can play any part in any skit (except for gender-specific roles).
- Because we always have a much harder time recruiting male peer helpers than female, we try to keep gender specific roles to a minimum.
- We try to have no more than five characters in a skit — that way we don't need everyone in the group to do a performance.
- When we started the group we struggled with the use of profanity in our skits. We wanted to be realistic, real teens use those words when they talk, and, we don't have language restrictions at Briarpatch. But many school and church groups would not invite us to perform if we used certain language. More importantly, we didn't want the audience to fixate on just one word, "Did you hear that? They said sh—!" and miss the rest of our skit. So we have chosen not to use profanity during most performances.
- We have a very brief (two-minute) skit that we use as our general, all-purpose introduction for every performance. It's a graphic illustration of what we think it feels like to be a teenager.
- Our skits are all between five and ten minutes long, although most are closer to five minutes. We usually just introduce an issue or problem in a skit and use discussion afterwards to process feelings and talk about options.
- Group process suggestion: We have found that it's very important to make time to deal with interpersonal relationships in the group. For the first twelve to sixteen months of JABONGGIT's existence we only dealt with theater. But then

interpersonal issues in the group got to the point that we were forced to deal with them. So now, once every four to six weeks we have what we call "check-in night." This is a talking night — it's a time for each person to talk about how they are feeling about the group and the individuals in the group; a time to give feedback about how other people's behavior affects them. Sometimes we finish talking in an hour and then we rehearse. Sometimes we talk about interpersonal stuff for the entire three hours. It really helps keep the group together.

Performances

If your agency already has a community education component, just start using your drama group whenever you can — use the drama group instead of or along with a staff person doing a workshop on alcohol and other drugs. If this is your first stab at community education, you need to let the community know you are available. Put together a brochure or a letter and send it everywhere (such as schools, churches, synagogues, community centers, and group homes).

We (JABONGGIT) do about two-thirds of our performances at schools — which means that the teens in the group miss some classes. We leave it up to them to decide what performances they can and can't attend. When we get a request for a performance, the leader brings the request to rehearsal. If enough people are able to go (that usually means three to five), we call back and say we will be there. If there aren't enough JABONGGERS to go, we call back and say no. The leader never commits to a performance without checking with the group first.

Some JABONGGERS never go to a school day-performance; others want to miss school every chance they get. Some of them have parents who get involved in monitoring school attendance; some don't. We have a permission slip for them to take home, with a place for a parent/guardian signature.

Our drama workshops tend to be the same length as a typical class period, 50 to 60 minutes. In that time, we usually do an introduction, two skits, and a discussion, although we are able to be very flexible. We have done everything from a half-hour performance for five teens in a treatment program, to a fifteen-minute section of a school assembly for 300 students, to a three-hour workshop for 100 conference participants.

What happens during the discussion after each skit varies from performance to performance. Whenever possible we use teens as discussion facilitators, but everyone in the group isn't comfortable with or interested in facilitating, so sometimes we have staff facilitate. The actors always stay in character for discussion This is very effective. The audience can ask questions of the characters, who then provide information and community resources on the content area. If time permits, there are lots of other fun things you can do. Have audience members suggest possible outcomes for the skit, and then get one of them to volunteer to role-play that outcome with one of the actors. Have the actors develop a skit on the spot from an audience suggestion (this takes extra skill from your actors - make sure they are ready before trying this with an audience).

Below is an example of a skit outline from which JABONGGERS improvise at performances.

JABONGGIT Alcohol and Other Drug Use Scene

Two friends are talking (A and B)

A tells B the story of A's weekend. While A's parents were out of town, A loaned C the family car. C did not bring the car back by 5 p.m. as promised. A was awakened at 3 in the morning by a loud crash outside. It was C. While returning the car, C missed the turn into the driveway and crashed into a tree. C had been drinking (again).

A and B discuss what a problem C's drinking has been lately.

C enters. A and C get into an argument over C's driving. C does not remember totaling A's car. A gets angry and leaves.

B tries to confront C in a more calm, assertive manner, but C is angry and leaves. End of Scene.

DISCUSSION: Discussion focuses on peer helping strategies (what to do when you are concerned about a friend's drinking or drug use), peer pressure (if A was concerned about C's drinking, why did A loan C the car?), decision-making, self-care (it is not A's responsibility to make C stop drinking), and community resources (where to go for help).

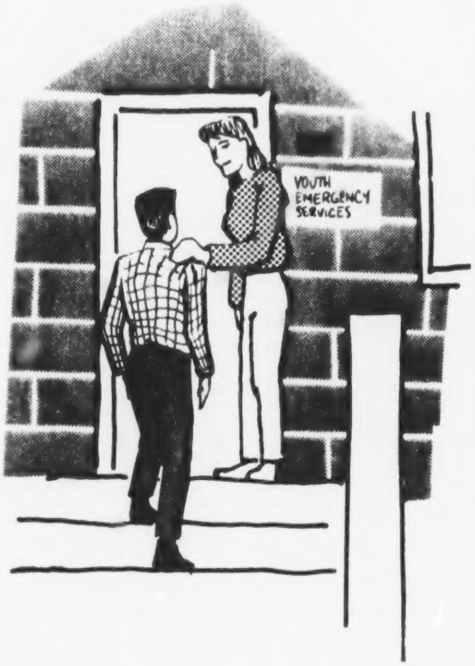
Peer Counselors in a Shelter Setting and Youth Serving on the Board of Directors

by Deb Phillips, Youth Emergency Service

Located in St. Louis, Missouri, The Youth Emergency Service began in 1968 after three junior high school students pointed out that youth could be helped by an agency where they could talk with their peers. With the support of a school counselor and social worker, students began a peer hotline, which quickly grew into an emergency shelter for youth who had run away from home. Since 1968, Y.E.S has grown into a multi-service agency. In 1989, it provided services to more than 1,000 youth and families.

Y.E.S. services are guided by the overall mission of providing crisis services to youth and families. Specifically, as stated in the agency's mission statement, ". . . Y.E.S. is committed to a partnership between youth and adults in its operation and in its delivery of services, with an emphasis on the utilization of volunteers. Counseling is focused on the collective strength of the family unit. Y.E.S. is also committed to the concept that, with sufficient information and support, youth can make responsible decisions about their lives."

Y.E.S. believes in youth empowerment, and this philosophy is reflected in our commitment to peer counseling. Y.E.S.'s peer counseling program is now in its twenty-second year. Not only can Y.E.S.'s peer counselors be found daily at the shelter — answering hotline telephones, talking with shelter residents, helping with dinner, shooting baskets with kids — they can also be found at a committee meeting or board meeting. A peer counselor is currently our president of the board of directors, and four other peer counselors, one of whom chairs the program service committee, serve as board members. Peer counselors also conduct public-speaking engagements on behalf of



the agency, and assist with fund-raising, public relations, and events.

At Y.E.S., a youth peer counselor is assigned to each youth resident who comes into the shelter. If the youth comes from an intact family, an adult peer counselor is assigned to the other family members. Before a youth leaves the shelter, counseling sessions are held with the youth, the family, and both peer counselors. The purpose of this meeting is two-fold: first, youth and parents have their own advocates; second, the two counselors provide a model for effective communication and cooperation between youth and adults.

Peer Counselors in the Shelter

Training

The peer counselors at Y.E.S. must complete the generic agency volunteer training. In addition to the Core Training, Chapter IV, this includes more intensive information and skills for working with homeless and runaway youth. Specifically, the training includes:

1) Shelter policies such as house rules, schedules.
2) Counseling Procedures, (see "Counseling Procedures — Shelter Care," on page 5-24).
3) How to handle a crisis (see "Crisis Intervention," on page 5-27).
4) Abuse and neglect policies, mandated reporting.
5) Family Systems.
6) Types of youth, lots of examples with which to become acquainted and desensitized.
7) Review of written forms such as the trainee logs, resident files.
8) How to deal with sexual attractions and inappropriate overtures.
9) The role of a peer counselor; what to do if you feel you are in over your head (see "Philosophy of Individual and Family Counseling," on page 5-26).
10) Definitions of clear boundaries, such as no dating, no sharing of home telephone numbers, no loaning of money, no transporting without proof of insurance and knowledge of parents' approval.

Not all volunteers, youth or adult, who complete the training are selected to be peer counselors. After the training, agency staff assess the trainee's emotional stability. If a person is in crisis, she is not allowed to be a counselor until she is out of crisis. In addition, the counselor must be open to supervision and be able to work as a team member with adult peer counselors and staff.

Once youth peer counselors are selected, they are matched to residents who share the same gender, age, and culture — if possible. The supervisor attempts to make matches in which the peer counselor and resident will work effectively together.

COUNSELING PROCEDURES — SHELTER CARE

I. Preparation for Family Conference

A. Youth Counselor
   1. Should make face-to-face contact with youth resident within 24 hours.

   2. Explain:
      a. Who you are.
      b. How old you are.
      c. Role of youth counselor.

   3. Obtain basic information
      a. How old is the youth?
      b. Does he/she go to school or have a job?
      c. Who is in his/her family?
      d. How does he/she get along with family members?

   4. Why is youth living at Y.E.S.?
      a. What was specific incident?
      b. What part did youth play?
      c. Where has he/she been?
      d. Has he/she spoken with parents?

   5. What are youth's immediate goals?
      a. Go home?
      b. Placement?
      c. How can Y.E.S. (and youth counselor) help?

B. Youth Counselor should maintain face-to-face contact on an every-other-day basis. (Phone contacts on the off days are encouraged.)

   1. Assist youth in resolving any conflicts at Y.E.S.

   2. Help youth formulate realistic goals and strategies for the upcoming family conference.

C. Adult Counselor

   1. First contact with family is usually by phone.
      a. Explain who you are.
      b. Explain basically what Y.E.S. is.
      c. Set appointment for in-person meeting.
         (Try not to conduct too much business on the phone. Face-to-face meetings are generally more productive.)

   2. First meeting with parent(s).
      a. Explain the Y.E.S. philosophy of counseling and the role of the adult counselor.
      b. Ask if there are any questions about Y.E.S. and the way the Crisis Center operates. (Try to avoid answering specific questions about their son/daughter at this time.)

c. Ask parent(s) to relate the specific incident that brought their son/daughter here.

   1. You can allow for a little rambling, but try to bring them back to task or you will be here all night.

d. Ask how their son/daughter behaves in other areas: home, school, friends.

   1. Try to get overall picture of problem.

e. Obtain general information about family such as number of members in family, occupations, where they live, etc.

   1. Take the time to get to know them, and what is important to them.

f. What immediate goals do the parents have?

   1. Have youth return home?

   2.Placement?

g. If parents state that they refuse to take their son/daughter home — DO NOT ARGUE WITH THEM OR PLEAD FOR A CHANGE OF HEART.

   1. Explain that it is not the goal of Y.E.S. to force the youth home, but rather to help families work out their crisis.
   2. Remind them of the date that their son/daughter must leave.
   3. In many cases, both parents and youth insist that home is not an alternative. This attitude generally changes after a few days.

Please remember that this is simply an outline. Obtaining all of this information will make your job easier, but the success of the counseling encounter generally depends upon the perception of the counselor as a caring, warm, human being. At some point in the counseling process you will probably suggest some compromises to resolve the crisis. Residents and parents will be much more likely to look at some of these alternatives if they feel that you truly care about their situation.

YOUTH EMERGENCY SERVICE
PHILOSOPHY OF INDIVIDUAL AND FAMILY COUNSELING

Whether you are an adult or youth counselor, the primary goal of your counseling effort should be to assist your client in achieving a reasonable goal in a positive and constructive fashion. Everything that happens between you and your client should lead to this goal. You have been learning and will continue to learn techniques which will allow you to influence your client in a positive direction, but your most powerful technique is your warm and caring attitude. We call our style of counseling "peer counseling," and by this we mean that you meet your client as an equal and work out a plan together.

We must never forget that both the residents and their parents come here in a state of crisis: consequently, they may say things that will not have relevance at a later time. Statements such as "She cannot come home," or "I'll never speak to them again," are usually said during a period of high emotional stress. Stress reduction and problem solving generally begin with the belief that people understand how another person feels. We have found that parents and youth begin to calm down and plan for the future when they feel that they are understood and respected. This is the reason we place so much of an effort on exploring feelings, for while we cannot always condone and accept someone's behavior, we can certainly relate to the turmoil that they are experiencing.

There are lots of ways that we can nurture and enrich this relationship. The first and most obvious is the fact that youth counsel with youth and adults with parents. Clients are often surprised to find that their counselor is a youth. (Some actually want to know where their "real" counselor is.) Parents are also often surprised, for they don't always expect to find a sympathetic adult who will not blame them for their son's/daughter's problems.

Another way to develop a positive relationship with your client is to help them focus their turmoil into a more easily defined set of problems. In other words, instead of your client being overwhelmed by ten problems, they can be helped to prioritize their conflicts and deal with only the most pressing. Finally, we let them know that we can identify with their feelings and with their desires and that we are willing to help them look for new alternatives.

This is our basic philosophy and our overall goal. Your most important tools are your enthusiasm, your warmth, and your sense of humor. (Especially your sense of humor.) It's also important to remember that we do not do treatment. Clients do not receive therapy here, and we probably cannot give any advice that they have not heard twenty times before.

The people who come to Y.E.S. generally realize that the alternatives they have chosen to solve their problems haven't worked. We find that we are most successful when our clients feel that we have joined with them in their search for alternatives that will work. It is fundamental to good counseling. (It's also being a good friend!)

YOUTH EMERGENCY SERVICE
CRISIS INTERVENTION

Phases of a crisis

1. Shock -	event is overwhelming person in state of panic, helplessness and anxiety unable to channel energy effectively may have physical problems (nausea, diarrhea)
2. Denial -	person may be calm and insist there is no problem anxiety drops, may be sense of indifference physical distress may disappear
3. Anger -	person may blame others for the problem, or self or an unjust society
4. Remorse -	if person has turned anger on self, may feel guilty for not preventing the problem from occurring (generally associated with loss through death)
5. Grief -	intense periods of sadness, helplessness person may emotionally withdraw, feel overwhelmed and see no end
6. Reconciliation/ Resolution -	anxiety diminished reality imposes itself person has realistic sense of hope for the future

Counselor Responses

1. a. Provide strong reassurance with firm and concerned authority that something can be done.
   b. Apply or arrange for most appropriate first-aid measures if appropriate.
   c. Provide time to ventilate.
   d. Participate in active listening.

2. a. Continue to respond with strong, firm and concerned reassurances.
   b. Recognize need for denial as well as need to deal with reality of what has happened.
   c. Allow time for ventilation of feelings.

3. a. Allow to ventilate anger and help person understand real reasons for it.
   b. Accept feelings and right to express them.

4. a. Help person mobilize resources to adapt.
   b. The less control the person has, the more control counselor needs to take.

Stages in crisis resolution

1. a. Precipitating event leads to an increase in tension.
   b. Precipitating event is sometimes hard to identify due to some people's ability to store stress.

2. a. Use emergency problem-solving mechanisms, to: solve the problem—crisis is averted or; avoidance — flight — crisis occurs.

3. Move toward resolution of crisis by:
   a. utilizing internal and external supports;
   b. tapping into strengths of the individual — there is always a strength that can be pointed out to the individual, i.e., fact that person is seeking help;
   c. reduce tension by active listening and normalizing.

4. Resolution or adaptation to crisis (integration):
   a. point out adaptive responses to client;
   b. point out client's new problem-solving skills;
   c. client's level of functioning has improved;
   d. increase in assertiveness on part of client;
   e. reduce risk of future crisis.

Ten Corollaries of Crisis Intervention

1. Everyone is an individual.

2. Crises are self-limiting — six to eight weeks duration normally.

3. During crisis state, a person's defense mechanisms are either weakened or absent, which makes them more responsive to change — crisis provides an opening.

4. During emotional crisis, the opportunity for change is enhanced.

5. How one adapts to crisis resolution will usually allow for some resolution to past trauma or conflicts that are still present.

6. During a crisis, change can usually occur faster than during non-crisis time.

7. How one resolves a crisis is not shaped so much by how he/she resolved them in the past; but it has more to do with the present situation.

8. In every crisis situation there is a loss, whether the loss is actual (death, divorce, etc.) or transitional (change, i.e., marriage, growing older, etc.).

9. Every crisis situation involves an interpersonal exchange. In other words, it affects more than one person.

10. If I can resolve the crisis effectively, I can move through similar crisis situations in the future with less intensity. Increase of repertoire of coping mechanisms.

Stages of Counseling Someone in Crisis

1. Assessment of precipitating event, time and place, what it's about (what, when, where and how)
   a. Interpersonal dimensions.
   Who else is involved?
   b. Assess the affective or emotional reaction.
      - How did you — and how do you - feel?
      - Did you see the crisis coming?

   Be aware of level of congruence between verbal and non-verbal.
   c. What does the resident want from you now?
2. Assess the psychodynamic issues related to the crisis.
   a. Are these feelings similar to past feelings?
   b. Is this situation and your response similar to any in the Past? "Have you been here before?"
3. Assessment of present coping responses.
   a. What are you doing now to cope?
   b. What are you gaining by doing this? Costs?
   c. What are the alternatives? Risks of those alternatives? We won't give up coping mechanism without something to replace them.
4. Assessment of client's pre-crisis functioning.
   a. Client's usual repertoire of coping mechanisms
   What do you usually do?
   b. Client's emotional style of the past
   How do they normally appear?
   c. What social support systems exist for them?
   d. Where else may they be vulnerable?
   What might impede their progress?
   e. Have them describe themselves as a person to get a picture of their self-concept and belief systems.
5. Other related areas.
   a. Suicide assessment.
   b. Are they using any drugs currently (prescription or street)?
   c. Recent medical history.
   d. Any recent psychiatric therapy - any previous therapy?
   e. Current sleep and appetite patterns - is crisis making them not take care of themselves?
   f. Do a quick mental status exam:
      - how they present themselves, attire, hygiene
      - get their reality orientation - what day, where they are, etc.
      - intelligence level - could determine how you will relate to them.

People in crisis should be dealt with on two levels

1. Affective level — emotional perspective of crisis.
    a. Expression of feelings of client.
    b. Explore emotional meaning.
    c. Provide emotional support for client.
    d. What feelings of client may impede progress.
    e. Emotional alliance with client.
2. Cognitive level — reality perspective of crisis.
    a. Options for client.
    b. Obtain background information.
    c. Connect present to past.
    d. Goals and implementation of plan to achieve them.
    e. Point out progress client is making.

Types of Emotional Crisis

1. Life Transitions — Developmental and Maturational
    a. Normal and anticipated events: Examples, L.T. leaving home, becoming a parent, marriage, retirement; D.M. dependence issues, value conflicts, sexual identity, start of adolescence
    b. Individual may or may not have control.
2. Sudden Traumatic Stress
    a. brought on by external source
    b. unexpected and uncontrollable
    c. Examples: rape, sudden death, accidents
    d. usual coping mechanisms are ineffective due to lack of control and suddenness
3. Situational or Disposition:
    a. Defined by stress evolving from a problematic situation
    b. Example: difference between sudden traumatic and situational
       sudden traumatic - incestuous act
       situational - response to incestuous act, i.e., counseling, legal involvement, public knowledge, etc.
4. Natural and Man-made Disasters - don't handle these too often.

Brief Problem-Solving Model:

1. Define the problem in terms of needs.
    a. What do you need now? in the future?
    b. Gives a starting point

2. Be specific - observable
    a. What would it look like if your needs were met?

3. Generate as many possible solutions as possible
    a. Brainstorming - no judgments or choices - generate all solutions only

4. Evaluate solutions
    a. Look at pros and cons of each one

5. Move toward decision
    a. Decision should be the resident's - not the counselor's

6. Try decision — observe what happens - evaluate outcome
    IF NEEDED, START OVER

There are generally three types of phone calls that counselors need to be able to respond to:

1. General information: "How soon can I get a pregnancy test?"
2. Referral: "Where can I get a pregnancy test?"
3. Counseling: "I think I'm pregnant."

Calls can obviously also contain elements of all three of the above. People will also often call for information.

YOUTH-EMERGENCY-SERVICES GUIDELINES FOR INTERVENTION WITH THE PERSON IN CRISIS

1. Show acceptance.
2. Establish rapport.
3. Listen carefully.
4. Help the person express and identify feelings.
5. Convey empathy. Make contact on feeling level first.
6. Reflect your feeling response to his or her statements.
7. Explore the current problem. Use open-ended questions or statements:
   a. Why is the person seeking help today?
   b. Focus on approximately the past six weeks.
   c. Identify crisis event and precipitating incident.
   d. Get specific information.
   e. Summarize main points.
8. Help person face crisis by encouraging him or her to talk about it.
9. Help person deal with the crisis in proportions he/she can handle. Do not overwhelm him or her with reality but avoid reinforcing denial.
10. Help person sort out facts from fantasies.
11. Clarify relationship between crisis situation and person's present feelings and behavior.
12. Accept person's feelings and fears as valid. Give support but do not give false reassurance.
13. Encourage the person to accept his or her responsibility. Listen but do not let him or her place blame on others for the crisis event.
14. Express faith in the person's ability to manage the crisis event and convey your willingness to assist as necessary.
15. Summarize the problem with the person so both of you can agree on the definition of the problem and main elements of the crisis.
16. Focus with the person on the immediate situation which is causing the greatest pain and which is amenable to treatment.
17. Encourage the person to accept help from yourself and other available resources. Mobilize resources for him/her if necessary.
18. Explore intra-personal and other resources. Review with the person:
   a. What has she done so far?
   b. What would she like to do?
   c. What is she afraid to do?
   d. What has she done in similar situations?
19. Involve person in seeking a potential solution. Alternate plans of action or methods of coping should be explored. Establish priorities. Specify goals.

20 Reinforce previously learned behavior patterns which are appropriate that have already been tried or that have not yet been used by the person.

Youth Serving on Agency Board of Directors

An agency truly committed to youth participation and to providing appropriate alcohol- and other drug-prevention services to youth needs to elect youth to its board of directors. By involving youth on the highest governing body, the agency demonstrates that it believes they have valuable contributions to make and have the ability to help run an organization committed to the welfare of young people. Young people will bring an important perspective to any board decision-making process. And while youth board members will not bring the same fund-raising ability as some adults, they can be very effective in articulating the agency's needs to potential funders.

At Youth Emergency Service, a young person has always served as the president of the board of directors. Four other slots on the board are also reserved for youth. All youth who have been agency volunteers and have completed the volunteer training are eligible to be elected to one of the five youth positions on the board of directors. Staff and existing volunteers recommend potential youth board members to the board's nominating committee, which makes the final decision.

Y.E.S staff and volunteers look for the following qualities in a young person to serve on their agency's board of directors:

1) Youth who can be assertive, especially with adults.

2) Youth willing to advocate for youth and share their expertise.

3) Younger youth who will be available for several years.

4) Youth from a variety of cultures.

5) Youth of both sexes.

Important Factors for a Successful Youth Board Component

1) *Have more than a few "token" youth on your board.*

Having only one or two youth on the board of directors can undermine the goal of involving youth, because their voices may be hidden among the many others.

2) *The agency must believe in and practice youth empowerment, youth participation, and youth/adult partnership.*

If the agency staff and other board members discount the value of the young people's opinion and full participation, then electing to youth to the board of directors will be a waste of time.

3) *The support of parents and schools helps when youth board members have to take time off from school or other work. This is especially necessary if the board president is a youth.*

Parental support ensures that young people will be able to participate more fully on the board.

4) *Youth must have equal power in voting and all decision-making.*

The agency personnel and the board must give youth equal power if they wish to have youth contribute meaningful to the agency.

5) *It is important to have youth serve in leadership positions such as committee chairs and officers.*

6) *Youth must be considered experts on "youth" and have their opinions valued.*

7) *The executive director must be willing to provide guidance to youth board members and to adult board members about the role of youth.*

Board Training

As agencies decide to elect youth to their boards, they should be sensitive to the possible need to train adult board members on the value and competence of youth. Once youth are elected, they should receive the same orientation as the adult board members. If a youth board member appears to be uncomfortable in her new role, other board members should explore what the youth needs to feel more effective on the board, just as they would treat a fellow adult board member who appeared uncomfortable.

At Y.E.S., youth and adult board members are given the same orientation. However, since youth board members have all completed the volunteer training (a requirement to be considered for the board of directors), they are often better informed about agency services than the adult board members.

Peer Counseling in a Rural School Setting

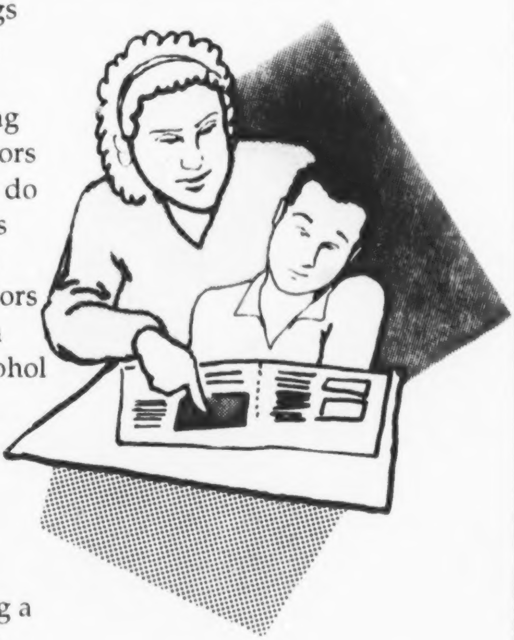
By Tim Mancini, The Mendocino County Youth Project (Willits)

In a rural county where transportation poses a significant barrier to obtaining prevention and intervention services, the Mendocino County Youth Project developed an effective system of providing services — through the schools.

The Mendocino County Youth Project (MCYP) is located in a large rural county north of San Francisco, with 78,000 residents, 60 percent of whom live outside the largest "metropolitan area." For fifteen years, MCYP has provided services to homeless and runaway youth, and for ten years it has been training and involving youth in peer programs.

The Youth Project has a unique relationship with the school districts in the county. Out of ten secondary schools, the Youth Project successfully initiated peer programs in seven different schools. Five of these programs have become so successful that they are now part of their schools' regular curricula.

In the Peer Counseling Program at Willits High School, youth are trained in skills and knowledge to prevent and/or reduce alcohol and other drug use among students at the elementary, junior high school, and high school levels. Peer counselors develop and implement substance-abuse prevention trainings for other community schools. High school peer counselors also help to address this issue indirectly by acting as big brothers or big sisters and tutors for youth in need. Since youth who do not excel in school or whose families are in turmoil are more likely to use alcohol or other drugs, peer counselors who act as "buddies" to these youth are also helping to prevent their alcohol or other drug use.



Since the Willits Peer Counseling Program began in 1984, over 250 students have been trained as peer counselors. The peer counselors receive academic credit for attending a Peer Counseling Class, which meets daily for one year. Second-year peer counselors take an independent study course that meets once a week for one-and-a-half hours. All peer-counseling students are also required to do a minimum of one hour's tutoring or counseling per week in order to receive credit.

Staffing

The staffing of the Peer Counseling Program includes school counselors, teachers, and youth workers from the Mendocino County Youth Project. The Willits school system hires a staff person from the Mendocino County Youth Project to co-teach the peer-counseling class with the school counselor, and to provide on-going supervision of peer counselors. When initiating a peer counseling program, there are many benefits to combining both school personnel and community-based experts as staff, such as strengthening ties between schools and community-based services, and consolidating both expertise (avoiding "reinventing the wheel") and resources.

Specific Training Needs

The following curriculum outline provides an overview of the peer counseling training at Willits High School. The curriculum is designed to build basic skills such as effective listening, communication, decision-making, problem-solving, assertiveness, and leadership. In addition, training provides information on alcohol and other drug use, suicide, child abuse, sexuality, and resources in the community. This training is similar to the Core Training, Chapter IV, but it is designed for the school setting, which revolves around 50 minute classes.

In addition to taking the Peer Counseling Class, all peer counselors are required to attend a three-day training seminar at the beginning of the academic year. This training introduces many of the skills and topics which are reinforced in the class.

PC STUDENT CURRICULUM OUTLINE — 1989-1990
Mendocino County Youth Project/Willits High School

FIRST SEMESTER

I. OPENERS

II. THE NATURE OF HELPING

III. HOW TO REACH OUT

IV. HUMAN BEHAVIOR: Why people behave the way they do

V. COMMUNICATION SKILLS
   A. Attentive listening
   B. Responding skills

VI. SELF-AWARENESS/SELF-DISCLOSURE
   A. Values
   B. Feelings — further exploration
   C. Defense Mechanisms
   D. "How We See Ourselves/How Other See Us" Activities

VII. DECISION-MAKING/GOAL-SETTING

VIII. TUTORING STRATEGIES

IX. GROUP FACILITATION TRAINING: The nature of groups and how to run them

SECOND SEMESTER

I. ADVANCED SELF-DISCLOSURE

II. SUICIDE PREVENTION: How to identify; How to refer

III. FAMILY DYNAMICS

IV. ADDICTIONS

V. GRIEF & LOSS

VI. TAKING CARE OF OURSELVES

1989-90 Peer Counseling Goals and Expectations
Willits High School

TO MAKE A DIFFERENCE:

- To make Willits High School and our community a better, more caring place to be.
- To nurture our own self-esteem and others' self-esteem.
- To notice and reach out to others who need friendship..
- To be honest with ourselves and others.
- To act responsibly.
- To **not** enable negative or destructive behavior.
- To be a good role model to our peers, especially our younger "peers."
- To value diversity and individuality; to be nonjudgmental.
- To be willing to risk.
- To interact assertively, not aggressively or passively.
- To learn with both our hearts and our intellect.

Administrative Issues

After peer counselors have completed the first semester of training, they are assigned as a tutor or "buddy" for another student. The matches are made informally. Teachers make referrals to the school counselor, who then matches the student with a peer counselor. Peer counselors maintain records of their activities and turn them in every week to their supervisor (see "Peer Counseling Record Form" and the "Outreach Peer Counseling Log on page 5-40).

In addition, peer counselors keep a journal on their experiences in the program. In the journal they record what activities they were involved in, what they learned, what peer counseling skills they used, and what problems they encountered, if any. Staff supervise the peer counselors in weekly group meetings in which the peer counselors share problems that they have encountered. Also, staff meet individually with the youth monthly to provide more direct supervision.

After the peer counselors have completed the first year of training, they begin to plan and implement educational workshops and special events that focus on alcohol and other drugs and related issues.

Points to Remember When Working within Schools

- Go slow in the beginning and try not to see your programs as the "answer" to teen problems in the schools. Don't "oversell."
- Establish good relationships with school administrators and faculty by: 1) keeping them informed; 2) asking for whatever help they might be able to provide through the proper channels; 3) clear and honest communication; 4) being accessible when problems occur; 5) giving public credit for school contributions; and 6) offering services to the schools that may not be available elsewhere.
- Dispel faculty fears. These most often include concerns over having students doing "staff" jobs, losing class time to peer-counseling activities, having the school reputation riding on "kids doing adult jobs," being asked to take on more extra-curricular duties, having peer counselors miss class time to do trainings, conferences, and presentations.
- Recruit students from all populations, taking care to remain non-elitist.
- Identify school staff who are sympathetic and supportive. Enlist their help by asking them to identify and recruit peer counselors,

give ongoing feedback, lobby administrators, help train peer counselors, help refer youngsters for services, and provide coverage at peer counseling events.

- Public relations in the community can be greatly helped with some visible public service activities and/or fund-raisers.
- Provide ongoing supervision to peer counselors: at least one hour per week for casework supervision and one hour per week for program supervision. Both should be given on an individual peer-to-peer level and on a small group basis. Provide support and information for peer counselors and help them use community resources.

Outreach Peer Counseling Log

Date	Time Spent	Activity	Place	Persons Served	Contact Person

Willits High School
Peer Counseling Record Form

Peer Counselor: Date:
Your Grade Level:
Your Sex:

INFORMATION BELOW REFERS TO STUDENT BEING COUNSELED OR TUTORED (please return completed forms to:____________)

Student's Grade Level:
Student's Sex:

Circle the problem/concern:

Drug related
Physical or sexual abuse
Romantic relationship
Family member
Alcohol related
Relationship with friend
Legal problem
Runaway
Health, specifically______________________
School, specifically (teacher, academic, other)__________________________
Sexuality, specifically (birth control, STDs, pregnancy, rape, other)____________________
Other ________________________________

Who referred this student? Please circle.

Counselor
Teacher
Self
Other________________________
Youth Project

Is this student receiving other counseling? Yes No

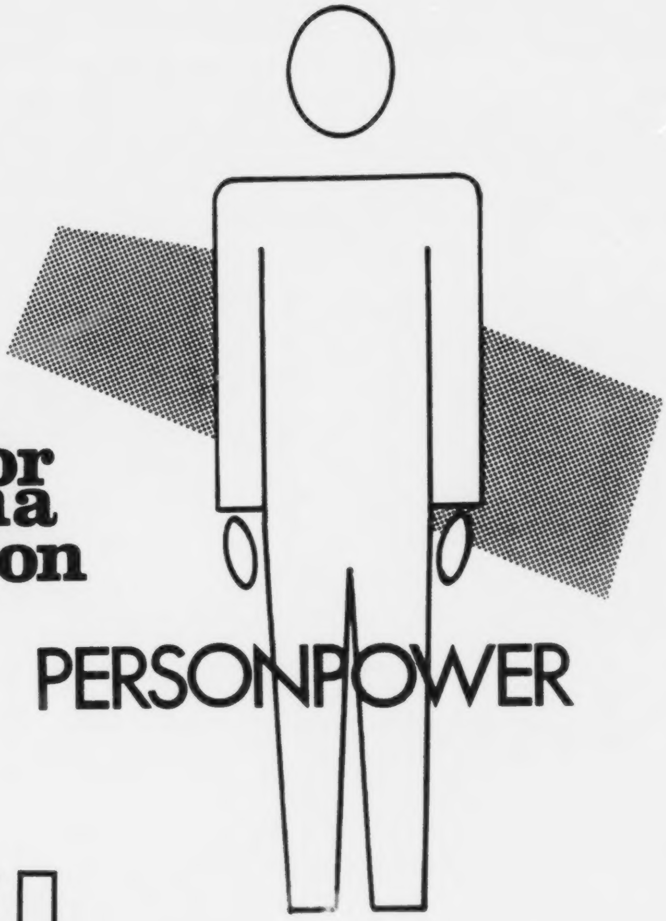
Did you refer this student to other services? Yes No

If yes, where? Please circle.

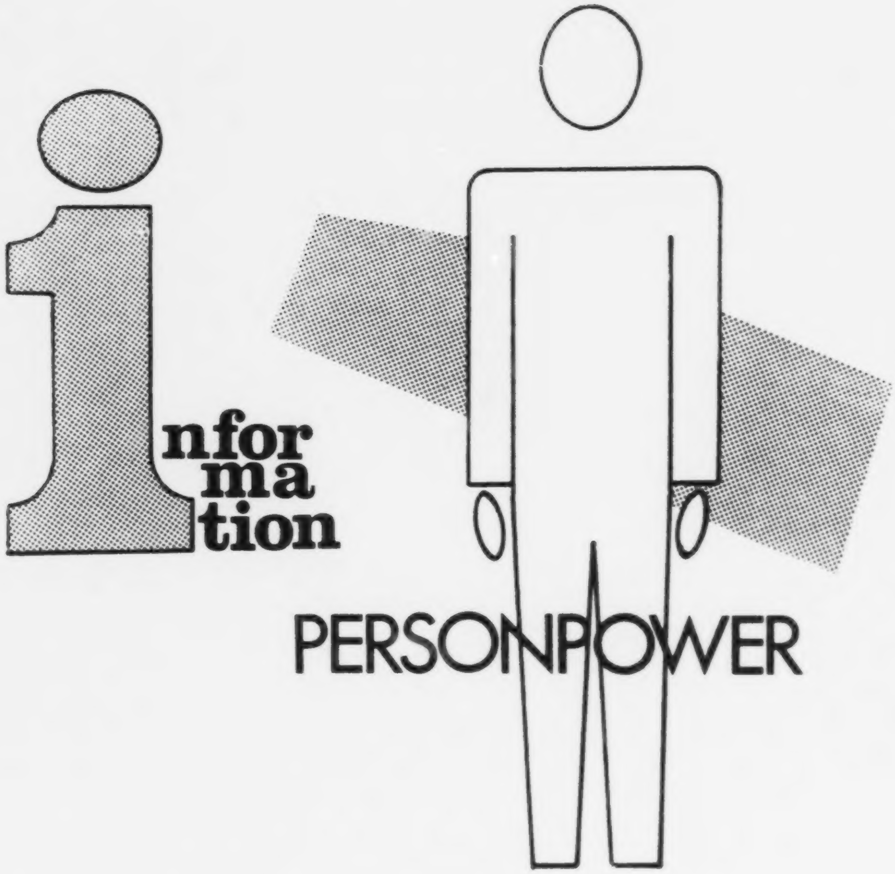
School Counselor
Public Health
Other___________________
Youth Project
Mental Health

Comments (please continue on back):

information



VI RESOURCES



VI. Resources

This chapter provides information on other curricula, videos and federal and national organizations that may be helpful in your program efforts. This list is by no means complete and represents but a few resources among many available to you.

Youth-Reaching-Youth Test Sites

Briarpatch, Inc.
512 East Washington Ave.
Madison, WI 53703
(608) 251-6211

The Mendocino County Youth Project
202 South State
Ukiah, CA 95482
(707) 463-4915

Youth Emergency Service
6816 Washington Ave.
University City, MO 63130
(314) 862-1334

CURRICULA

Alcohol- and Other Drug-Abuse Prevention Curricula

Alcohol & Substance Abuse Prevention Implementation Manual for the A.S.A.P. Program. University of New Mexico. (1990) This implementation guide presents a step-by-step explanation of how to implement the Alcohol and Substance Abuse Prevention Program. The goals of the program are to reduce excess morbidity and mortality rates among multi-ethnic middle and high school students and to empower students. The guide covers the theoretical basis of the program, planning, the role of a facilitator, facilitator training, community involvement, and evaluation.

For more information contact ASAP Program Manager, Family Practice Center, School of Medicine, University of New Mexico, Albuquerque, NM 87131 (505)277-5532.

Examining Drugs and Risks. A curriculum for grades nine-to-eleven. ETR Associates (1990). The curriculum outlines eleven, 40-minute sessions, five of which present information on specific drugs. Other topics include legal issues, where to get help, and resisting peer pressure. This resource may provide ideas for presenting factual information and would complement a curriculum that focuses more on communication and refusal skills, and dealing with an addicted family member.

For ordering information contact ETR Associates/Network Publications, P.O. Box 1830, Santa Cruz, CA 95061-1830 (408)438-4081.

Friendly Peersuasions. Girls Incorporated (1989). This 20-hour curriculum targets girls in high-risk situations ages eleven-to-fourteen and uses a cross-age peer leadership approach to substance abuse prevention and education. It is designed to train girls to help their peers choose healthy and productive alternatives to substance abuse.

For more information contact: Girls Incorporated, National Resource Center, 441 West Michigan Street, Indianapolis, IN 46202 (317)634-7546.

Into Adolescence: Avoiding Drugs. A curriculum for grades five through eight. ETR Associates. (1990). This curriculum outlines eleven, 40-minute educational sessions to teach middle school students the dangers of drug use and to develop decision-making and refusal skills. Targets youth who have not received any information on drugs and who have not already begun to experiment with some. Heavy with information on tobacco, alcohol, and marijuana, including the health hazards and societal impacts of their use.

For ordering information contact ETR Associates/Network Publications, P.O. Box 1830, Santa Cruz, CA 95061-1830 (408)438-4081.

Meeting Life's Challenges: A Youth Worker's Manual on Alcohol and Drug Issues and Interventions Oasis Center, Inc. (1987) This manual provides excellent information on how to conduct chemical dependency assessments and on family dynamics and parenting as it relates to alcohol and other drug use. It also includes session outlines for leading groups with parents and young people.

To order contact: Oasis Center, Inc. 1216 17th Avenue, South, PO Box 121648, Nashville, TN 37212 (615)320-0026.

Recovery Assistance Program: A Teacher's Guide to Drug and Alcohol Recovery Education by King County Division of Alcoholism and Substance Abuse Services (1989) This guides provides a curriculum that is designed to provide students impeded by substance abuse with a drug free, supportive and structured learning eironment. The program assists students in developing social and learning skills to function successfully. The curriculum addresses personal responsibility, interpersonal communication, self care, feelings and time management.

To order contact: King County Division of Alcoholism and Substance Abuse Services, Seattle-King County Department of Public Health, 108 Smith Tower, 506 Second Avenue, Seattle, WA 98104 (206)296-7615.

Substance Abuse Training by the Southeastern Network of Youth & Family Services (1986). A manual and training package for runaway center staff to utilize in assessing and intervening with substance abusing adolescents. Includes exercises and plans for prevention programs.

To order contact Southeastern Network of Youth & Family Services, 337 S. Milledge Avenue, Suite 209, Athens, GA 30605 (404)354-4568.

The Youth Drug Free Challenge Project: A Counselor's Guide by the Highline Youth Service Bureau (1988). This manual provides a detailed curriculum for leading a group for young people who abuse alcohol or other drugs and for leading a group of their parents. It also addresses its treatment philosophy, group structure, and evaluation.

To order contact: King County Division of Alcoholism and Substance Abuse Services, Seattle-King County Department of Public Health, 108 Smith Tower, 506 Second Avenue, Seattle, WA 98104 (206)296-7615.

Peer-Leadership Curricula

A Guide to Implement TAP: Teens for AIDS Prevention by the Center for Population Options (1990). This guide includes how to begin planning and implementing an HIV and AIDS peer program for young people. It also presents a detailed training curriculum for preparing young people to conduct educational workshops, develop media campaigns, and other prevention activities around HIV and AIDS.

For more information contact the Center for Populations Options, 1025 Vermont Avenue N.W., Suite 210, Washington, DC 20005 (202)347-5700.

Friends Helping Friends — A Manual for Peer Counselors and Leading a Friends Helping Friends Peer Program by Carol Painter, Educational Media Corporation (1989). A two-volume curriculum. One manual explains the administrative, program, and evaluation details that are necessary for a successful high school peer-counseling program. The second manual covers the programmatic elements including necessary skills, topic development, and group activities.

For ordering information contact Education Media Corporation, P.O. Box 21311, Minneapolis, MN 55421 (612)636-5098.

Leadership Development, a Handbook from the Youth Action Program by Dorothy Stoneman, assisted by John Bell (1989). This manual focuses on building leadership skills in young people through a series of interactive and skill-building exercises. Topics addressed in the manual include: counteracting the effects of oppression, communication, building leadership concepts and skills, organizing, and political action.

For more information contact Youth Action Program, 1280 Fifth Avenue, New York, NY 10029 (212)860-8170.

Peer Education in Sexuality and Health by the YWCA of the U.S.A. (1989). This manual explains the administrative and planning details of setting up and implementing a peer program. It covers teen recruitment and selection, empowering teens, training topics, fundraising, hiring staff, and building community support.

For more information contact Program Services Division, YWCA of the U.S.A., National Board, 726 Broadway, New York, NY 10003 (212)614-2833.

"The Why and How of Teen Line" edited by Elaine Leader, Ph.D., Terry D. Lipton, M.D., and Patricia Wisne, Ph.D. The manual describes the development, structure, and training format of a teen telephone helpline — TEEN LINE CARES, including a comprehensive description of the program and sample materials.

For more information contact Elaine Leader, Teen Line, Cedars-Sinai Medical Center, 8730 Alden Drive, Los Angeles, CA 90048-3811, (213)855-HOPE.

Topic-specific Curricula — Relationships, Suicide, HIV/AIDS

AIDS Prevention for Youth by the Southeastern Network of Youth and Family Services (1989). This curriculum provides background information on HIV and AIDS, effective uses of group experiences, outlines of interactive exercises designed for young people, and a list of resource information.

To order contact the Southeastern Network of Youth and Family Services, Inc., 337 S. Milledge, Suite 209, Athens, GA 30605 (404)354-4586.

Life Planning Education, A Youth Development Program, the Center for Population Options (1989). A curriculum designed to help teenagers prepare for the decisions they will make about health, sexuality, parenthood and work. Topics covered include personal values, decision-making, employment, HIV/AIDS, and good communication.

For additional information contact the Center for Population Options, 1025 Vermont Avenue N.W., Suite 210, Washington, D.C. 20005 (202)347-5700.

Safe Choices Guide: AIDS & HIV Policies and Prevention Programs for High-Risk Youth, the National Network of Runaway and Youth Services (1990). A complete HIV and AIDS manual, specially designed for shelter and agency staff who serve youth in high-risk situations. It covers topics ranging from policy development to training foster parents.

To order the manual contact the National Resource Center for Youth Services, 202 West 8th, Tulsa, OK 74119-1419 (918)585-2986.

SOS Runaways and Teen Suicides: Coded Cries for Help by Sally Brown, MSW (1987). This runaway-suicide-prevention training manual includes a twelve-hour training to provide a common base of knowledge and skills to runaway shelter staff for understanding the depressed or suicidal adolescent, recognizing clues and coded messages that indicate a potential for suicide, assessing the level of suicidal risk, and appropriate intervention.

For additional information contact the Human Services Development Institute, University of Southern Maine, 96 Falmouth Street, Portland, ME 04103 (207)780-4430.

Teaching Safer Sex by Peggy Brick, Catherine Charlton, Hillary Kunins, and Steve Brown (1989). This resource guide is full of creative and effective educational exercises around sexuality and safer sex. It is useful for both educators and counselors.

For additional information contact the Center for Family Life Education, Planned Parenthood of Bergen County, Inc., 57 Main Street, Hackensack, NJ 07601 (201)489-1265.

The Dynamics of Relationships by Patricia Kramer (1988). Although this is a teacher's manual for a school-based prevention program, the program can be adapted to other group situations. The manual covers such diverse topics as communication, conflict, expectations, gender roles and alternative lifestyles. The purpose of the program is to allow students to explore their feelings and attitudes and to acquaint them with the many behavioral options that are available to them.

For ordering information contact Equal Partners, 11348 Connecticut Avenue, Kensington, MD 20895 (301)933-1489.

VIDEOS

TOPIC: ALCOHOL AND OTHER DRUGS

"Choices & Consequences" (35 minutes) The video presents the story of three white, middle-class teenagers who are using drugs, are arrested, and their subsequent experiences in getting straight. Each is abusing drugs at different degrees and require a different level of intervention. Appropriate for parents or professionals working youth who abuse substances.

The Johnson Institute
510 First Avenue North
Minneapolis, MN 55403-1607
1-800-231-5165

"Kids Talking with Kids" (20 minutes) The video presents four youth dealing with a parent who has an addiction problem. Issues such as how to handle one's feelings, disappointments, and lack of control are presented through testimony by young people. Appropriate for any age, but especially for young people.

Children of Alcoholics Foundation
PO Box 4185
Grand Central Station
New York, NY 10163
(212) 351-2680

"Second Half: The Thomas Henderson Story" (28 minutes) This video is of Thomas Henderson telling his story of how cocaine cost him his career as a football star. His story is full of hope and demonstrates one person's ability to find a way out of his addiction. This video would be appropriate for young people and adults.

FMS Productions
P.O. Box 4428
520 E. Montecito St., Suite F
Santa Barbara, CA 93140
1-800-421-4609

"Sex, Booze and Blues" (12 Minutes) An animated video that explores the physical, emotional and personal problems associated with alcohol use and abuse, including physical illness and sexual dysfunction. Although the video addresses this serious complex topic accurately, it does so with low-keyed humor. Appropriate for youth ages twelve to eighteen.

FMS Productions
1029 Cindy Lane
Carpinteria, CA 93013
(800) 421-4609

Wasted: A True Story" (22 minutes) Through the true story of one white, male youth who began experimenting with alcohol and marijuana at the age of eight, the video presents an accurate account of the process of addiction, the impact on the family, physical and emotional changes, and the positive outcome of successful treatment.

The American Council for Drug Ed.
204 Monroe Street
Rockville, MD 20850
(301) 294-0600

"We Have the Force: Six Youth-Run Drug Prevention Projects that Work" (30 minutes) Developed and filmed by youth, this video presents six inner-city community drug-prevention projects designed and implemented by youth and follows the story of a ten-year-old girl and her family's experiences with drugs. The video accurately describes how drugs impact this young woman's life and how youth can organize activities to improve their own lives and those around them. Targets inner-city youth.

YOUTH FORCE at Citizens Committee of New York
3 West 29th Street
New York, NY 10001
(212) 684-6767

You Don't Have To (30 minutes) This video sets up three different trigger discussions that focus on the behavior behind alcohol and other drug use. It comes with a discussion guide.

The Michigan Network of Runaway and Youth Services
115 W. Allegan, Suite 310
Lansing, MI 48933
(517)484-5232

TOPIC: STRESS

Has Anybody Seen Phil? (30 minutes) This video is designed to help individuals identify sources of teen stress and to explore positive alternatives for dealing with stress. The film is accompanied by a discussion guide.

J.C. Penney, Co. Inc.
Public Affairs Department
P.O. Box 659000
Dallas, TX 75265-9000
ATTN: Golden Rule Network
(214) 591-1140

TOPIC: HIV/AIDS

Between Friends (20 minutes) Targeted for Latino(a)/Hispanic youth, this video features Monica, who examines her own risk for HIV infection after finding out that her mother is dying from complications due to AIDS. When Gloria, Monica's friend, sees Monica about to trade "sex" for crack at a party, she drags intoxicated Monica away. The video presents information on the transmission of HIV, condom use, compassion for people with AIDS, and how alcohol and other drugs contribute to HIV infection.

San Francisco Study Center
PO Box 5646
San Francisco, CA 94101
415-626-1650

MI HERMANO (28 minutes) This drama centers around a Latino(a)/Hispanic immigrant family that has lost a son to AIDS. The son has left behind a pregnant wife, and a variety of issues are explored such as the health of the mother and baby, death, blame, abstinence, homosexuality, liv-ing with HIV, and family communi-cation. Good discussion starter. Discussion guide available.

American Red Cross Chapters. Contact the one in your community.

Seriously Fresh (21 Minutes) A drama portraying a close group of teen boys who hang out with each other and play basketball together. The topic of AIDS comes up when they see one of the group's members being brought home from the hospital, looking thin and exhausted. The once muscular and athletic teen contracted the virus that causes AIDS by sharing IV drug needles. Condom use, IV drug use, and compassion are addressed. Targets Afro-American/Black youth.

Select Media
74 Varick Street
New York, NY 10013
(212) 431-8923

Sex, Drugs and AIDS (18 Minutes) Rae Dawn Chong hosts this frank information piece on AIDS, providing information on transmission and protection against HIV.

Select Media
74 Varick Street
New York, NY 10013
(212) 431-8923

Teen AIDS in Focus (16 1/2 Minutes) Three young people with HIV infection talk openly about how it has affected their lives, futures and relationships. Each copy of the video is accompanied by an illustrated discussion guide that provides educators with a framework for incorporating the video into their prevention programs.

Teen AIDS
San Francisco Study Center
P.O. Box 5646
San Francisco, CA 94101
(415) 626-1650

Federal Alcohol- and Other Drug-Related Agencies

Alcohol, Drug Abuse and Mental Health Administration (ADAMHA),
Public Health Service, U.S. Dept. of Health and Human Services
8401 Colesville Road, Box 350
Silver Spring, MD 20910
1-800-822-0047
(301) 443-2403 (in MD)

ADAMHA administers and coordinates national programs to increase knowledge on alcohol and other drug-abuse and mental health disorders. ADAMHA administers five institutes that conduct research to advance scientific knowledge in the field of alcohol and other drugs and implement prevention, intervention, and treatment programs. These institutes are National Institute of Mental Health (NIMH), National Institute on Alcohol Abuse and Alcoholism (NIAAA), National Institute on Drug Abuse (NIDA), Office of Substance Abuse Prevention (OSAP), and Office for Treatment Improvement (OTI)

National Institute of Mental Health (NIMH)
5600 Fishers Lane, Room 15C05
Rockville, MD 20857
(301) 443-4513

NIMH supports a wide range of scientific studies in universities, hospitals, and other research centers to advance the knowledge of the biological, genetic, and behavioral bases for behavior and effective ways to treat and prevent mental illness. In addition to research, NIMH provides grants to universities and other institutions for training programs to prepare new researchers.

National Institute on Alcohol Abuse and Alcoholism (NIAAA)
5600 Fishers Lane, Room 16C-03
Rockville, MD 20857
(301) 443-0796

NIAAA conducts and supports a wide range of studies into the causes, consequences, and treatment of alcohol abuse and alcoholism, and alcohol-related medical disorders and other problems. NIAAA prevention research focuses on developing effective strategies to reduce or eliminate problems related to alcohol abuse and to intervene in the development of alcoholism.

National Institute on Drug Abuse (NIDA)
Parklawn Building, 5600 Fishers Lane
Rockville, MD 20857
General Information (301) 443-2403
Addiction Research Center (301) 550-1538
NIDA Treatment Referral Hotline 1(800) 662-4357
NIDA Workplace Helpline 1(800) 843-4971

NIDA supports a wide range of research and prevention programs to help prevent the use and harmful consequences of drug abuse and to improve treatment for those who abuse drugs.

Office of Substance Abuse Prevention (OSAP)
5600 Fishers Lane
Rockwall II
Rockville, MD 20857
(301) 443-0353

OSAP is an institute-level component of ADAMHA that conducts a full range of alcohol- and other drug-abuse prevention activities including funding demonstration projects, operating a national clearinghouse of publications and other materials and services; developing and implementing media campaigns; and providing training and technical assistance.

Office for Treatment Improvement (OTI)
5600 Fishers Lane
Rockwall II, 10th Floor
Rockville, MD 20857
(301) 443-1690

OTI, the fifth component of ADAMHA manages the alcohol, drug abuse, and mental health block-grant program, operates a treatment improvement grant program, conducts technical assistance workshops, and encourages the implementation of quality-assurance mechanisms in treatment programs.

National Clearinghouse for Alcohol and Drug Information (NCADI)
P.O. Box 2345
Rockville, MD 20852
(301) 468-2600
(800) 729-6686

NCADI is responsible for the distribution of government and nongovernment fact sheets, publications, and literature searches on alcohol and other drug information for the public. All services are free of charge.

National Highway Traffic Safety Administration
Division of Alcohol Programs
400 Seventh Street, S.W.
Washington, DC 20590
(202) 366-9581
1(800) 424-9393

NHTSA provides information and educational materials on drinking and driving.

Office of Minority Health Resource Center
P.O. Box 37337
Washington, DC 20013-7337
1-800-444-MHRC (6472)

Provides information to consumers and professional about minority health, risk factors, resources and programs.

Office on Smoking and Health
Technical Information Center
Park Building, Room 1-10
5600 Fishers Lane
Rockville, MD 20857
(301) 443-1690

Produces public education materials on smoking as well materials for professionals on current research findings.

Office of Disease Prevention and Health Promotion (ODPHP)
National Health Information Center
P.O. Box 1133
Washington, DC 20013-1133
(800) 336-4797
(301) 565-4167 (in MD)

ODPHP provides referrals to health organizations.

National Resource Organizations

The following is a list of resource organizations in the areas of peer counseling, education, and prevention of drug and alcohol abuse.

Adult Children of Alcoholics
PO Box 3216
Torrance, CA 90505
(213) 534-1815

Can give information on support groups and educational materials.

AIDS Clearinghouse
P.O. Box 6003
Rockville, MD 20950
1(800) 458-5231

Provides information on materials, publications, and other resources related to HIV and AIDS.

AIDS Information Service
c/o American Social Health Association
P.O. Box 13827
Research Triangle Park, NC 27709
1(800) 342-2437

Provides information and referrals on HIV and AIDS educational materials and programs.

ALANON Family Groups Headquarters
P.O. Box 862, Midtown Station
New York, NY 10018-0862
1(800) 356-9996

Provides information on support groups across the country and information on educational materials.

Alcoholics Anonymous
Box 459, Grand Central Station
New York, NY 10163
(212) 473-6200

Provides information on support groups and education materials.

American College of Sports Medicine
P.O. Box 1440
Indianapolis, IN 46206
(317) 637-9200

Provides information on steroids.

Center for Population Options
1025 Vermont Avenue N.W., Suite 210
Washington, DC 20005
(202) 347-5700

Produces materials on adolescents and reproductive health issues such as HIV/AIDS, sexuality education, pregnancy.

Children of Alcoholics Foundation
200 Park Avenue, 34th Floor
New York, NY 10166
(212) 351-2680

Provides information on programs, educational materials, and services.

Cocaine Hotline
1(800)- COCAINE

COSSMHO - National Coalition of Hispanic Health and Human Services Organizations
1030 15th Street N.W.
Washington, DC 20005
(202) 371-2100

Provides information on program models and materials designed specifically for Latinos and Hispanics.

Families in Action — National Drug Information Center
3845 North Druid Hills Road, Suite 300
Decatur, GA 30033
(404) 325-5799

Provides information on alcohol/drug research, program models, and produces publications.

Girls Incorporated, National Resource Center
441 West Michigan Street
Indianapolis, IN 46202
(317) 634-7546

Provides information on programs designed specifically for girls.

Hazelden
Box 11
Center City, MN 55012
1(800) 328-9000

Publishes AA literature.

Hazelden
1(800) 262-5010

Provides information on treatment centers.

Johnson Institute
510 First Avenue North
Minneapolis, MN 55403-1607
(612) 944-0511

Provides information and training for service providers.

MADD (Mothers Against Drunk Driving)
P.O. Box 541688
Dallas, TX 75354-1688
(214) 744-6233

Provides reference to local chapters and media kits and statistics.

National Network of Runaway and Youth Services
1400 I Street, N.W., Suite 330
Washington, DC 20005
(202) 682-4114

Provides information, technical assistance, and training on programs designed for runaway, homeless, and other youth in high-risk situations.

National Parents Resource Institute for Drug Education (PRIDE)
Robert W. Woodruff Volunteer Service Center
100 Edgewood Avenue, Suite 1002
Atlanta, GA 30303
(404) 577-4500
1(800) 67-Pride

Provides information and resources on alcohol and other drug prevention programs.

National Peer Helpers Association
P.O. Box 335
Mountain View, CA 94042
(415) 965-4011

Provides information on peer programs across the country.

National Resource Center for Youth Services
University of Oklahoma
202 West Eighth Street
Tulsa, OK 74119-1419
(918) 585-2986

Provides materials, training, and information on programs for young people, with emphasis on young people in high-risk situations.

Narcotics Anonymous World Service Office, Inc.
P.O. Box 9999
Van Nuys, CA 91409
(818) 780-3951

Information on support groups and general information.

NAR ANON (Family Support Groups) U.S.
P.O. Box 2562
Palos Verde Peninsula, CA 90274
(213) 547-5800

Information on support groups and general information.

National Association of Children of Alcoholics
31582 South Coast Highway
South Laguna, CA 92677
(714) 499-3889

Information on support groups and general information.

National Committee for Prevention of Child Abuse
332 S. Michigan Ave., Suite 1600
Chicago, IL 60604-4357
(312) 663-3520

Information, publications and educational materials on child abuse.

YWCA of the U.S.A., National Board
726 Broadway
New York, NY 10003
(212) 614-2700

Information and program materials for adolescents.